FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702009 (2)

1. Corporation Name

THE PINE HILLS CHRISTIAN CHURCH INC.

Principal Place of Business	Mailing Address
1305 PINE HILLS ROAD ORLANDO FL 32808-4816	1305 PINE HILLS ROAD ORLANDO FL 32808-4816

3. Date Incorporated or Qualified: 02/11/1961

3a. Date of Last Report: 02/09/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-1268496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DAVENPORT, U.S.
8540 CATHEDRAL LANE
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, RAY		1.2 NAME		
STREET ADDRESS	5116 FIGWOOD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP		
TITLE	TDC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVENPORT, U.S.		2.2 NAME		
STREET ADDRESS	8540 CATHEDRAL LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL 34711		2.4 CITY-ST-ZIP		
TITLE	~~DC~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~HEDRICK, RICK~~		3.2 NAME		
STREET ADDRESS	~~2828 ST. CLAIR CT~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Euel White		4.2 NAME		
STREET ADDRESS	3057 Charlotte Lane		4.3 STREET ADDRESS		
CITY-ST-ZIP	Orlando, FL 32804		4.4 CITY-ST-ZIP		
TITLE	DVCS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Daniel Patrick		5.2 NAME		
STREET ADDRESS	142 West Magnolia		5.3 STREET ADDRESS		
CITY-ST-ZIP	Apopka, FL 32703		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: K.S. Davenport 1/28/96 904-394-3134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

U.S. Davenport