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May 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 703738 (5)

1. Corporation Name

FLORIDA AVE. CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
EDWARD R CHAMBERS 12720 NORTH FLORIDA AVENUE TAMPA FL 33612	EDWARD R CHAMBERS 12720 NORTH FLORIDA AVENUE TAMPA FL 33612-4225

3. Date Incorporated or Qualified: 03/16/1962
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business	2a. Mailing Address
21 12720 N. Florida Avenue	28 12720 N. Florida Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, Florida	City & State 28 Tampa Florida
Zip 24 33612 Country 25 Hillsborough	Zip 29 33612 Country 30 Hillsborough

4. FEI Number: 59-1953087 ☐ 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	10. Name and Address of New Registered Agent
CHAMBERS, EDWARD R 2506 HOLLIS DRIVE TAMPA FL 33618	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: Edward R. Chambers Trustee May 21, 97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESSER, GLENN		1.2 NAME	
STREET ADDRESS	1007 E. CONANCHE AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, DAVID		2.2 NAME	
STREET ADDRESS	10709 WOODMERE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, STANLEY		3.2 NAME	
STREET ADDRESS	24209 PAINTER DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, EDWARD		4.2 NAME	
STREET ADDRESS	2506 HOLLIS DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP	
TITLE	SVD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VICKORY, LEROY		5.2 NAME	
STREET ADDRESS	10030 HARNEY RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	THONATOSASSA FL		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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward R. Chambers Edward R. Chambers Trustee May 21, 97 (813)961-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048049