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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703738

1. Corporation Name

FLORIDA AVE. CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
12720 N FLORIDA AVE TAMPA FL 33612 US	12720 N FLORIDA AVE. TAMPA FL 33612 US

2. Principal Place of Business
21 Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26 Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

3. Date Incorporated or Qualifed: 03/16/1962

4. FEI Number: 59-1953087 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

CHAMBERS, EDWARD R
2506 HOLLIS DRIVE
TAMPA FL 33618

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: Edward R. Chambers — March 31, 99
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 VS	☐ 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	ANDREWS, JACKIE		3.2 NAME		
STREET ADDRESS	801 PROCLAMATION DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33613		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		

14. I 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, with all other like empowered.

SIGNATURE: Edward R. Chambers SIGNATURE REQUIRED — Edward R. Chambers — 3/31/99 — (813) 961-3448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050449

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