

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:20

DOCUMENT # 706154 (2)

1. Corporation Name
FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST), IN
C., OF LEHIGH ACRES, FLORIDA

Principal Place of Business Mailing Address
2803 LEE BLVD. P.O. BOX 427
LEHIGH ACRES FL 33970 LEHIGH ACRES FL 33970-0427
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1963 3a. Date of Last Report 01/21/1994
4. FEI Number 59-1711730 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GARRETT, NANCY L
217 ROOSEVELT AVE.
LEHIGH ACRES FL 33936

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	GOSSETT, MARVIN
STREET ADDRESS	20083 LAKE VISTA CIRCLE
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	VD
NAME	HAYNIE, CLIFTON
STREET ADDRESS	1404 GRAHAM CIR.
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	SD
NAME	YOUNG, NORMA
STREET ADDRESS	17 E. JASMINE PLACE
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	TD
NAME	GARRETT, NANCY L
STREET ADDRESS	217 ROOSEVELT AVE.
CITY - ST - ZIP	LEHIGH ACRES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 or emp... appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marvin H. Gossett* 1-22-95 8133692842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)