

**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 # 726096 (1)**  
1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF SEMINOLE, INC.**



Principal Place of Business: **13272 PARK BOULEVARD SEMINOLE FL 34646-0503**  
Mailing Address: **13272 PARK BOULEVARD SEMINOLE FL 34646-0503**

3. Date Incorporated or Qualified: **04/12/1973**  
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1718510		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		30	
Zip		Country		Zip		Country	
25		29		25		30	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**RHOADES, JOHN A JR  
5200 CENTRAL AVENUE  
ST PETERSBURG FL 33707**

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

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	<b>C</b>	<input checked="" type="checkbox"/> DELETE	1 1 TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARAWAY, WILLIAM R</b>		1 2 NAME	<b>BRACEWELL, JIM</b>	
STREET ADDRESS	<b>7448 133RD ST. N.</b>		1 3 STREET ADDRESS	<b>7797 132nd Way North</b>	
CITY - ST - ZIP	<b>SEMINOLE FL</b>		1 4 CITY - ST - ZIP	<b>Seminole, FL 34646</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOELKEN, DANIEL</b>		2 2 NAME		
STREET ADDRESS	<b>7098 78TH ST. N.</b>		2 3 STREET ADDRESS		
CITY - ST - ZIP	<b>PINELLA PARK FL</b>		2 4 CITY - ST - ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKNEELEN, PHYLLIS A</b>		3 2 NAME		
STREET ADDRESS	<b>8917 RIDGE ROAD</b>		3 3 STREET ADDRESS		
CITY - ST - ZIP	<b>SEMINOLE FL</b>		3 4 CITY - ST - ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKNEELEN, L. M</b>		4 2 NAME		
STREET ADDRESS	<b>8917 RIDGE ROAD</b>		4 3 STREET ADDRESS		
CITY - ST - ZIP	<b>SEMINOLE FL</b>		4 4 CITY - ST - ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAQUA, JACK</b>		5 2 NAME		
STREET ADDRESS	<b>11723 82ND TERR. NORTH</b>		5 3 STREET ADDRESS		
CITY - ST - ZIP	<b>SEMINOLE FL</b>		5 4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6 4 CITY - ST - ZIP		

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 X

*James A. Bracewell*

**Jim Bracewell, Chairman of Elders 813/393-2136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)