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Mar 03 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 # 726797 (4)

1. Corporation Name
FREEPORT CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
U.S. HWY. 331 SOUTHCHOCTAWHATCHEE IDGE RD/PO BOX 66
FREEPORT FL 32439 US

3. Date Incorporated or Qualified 06/26/1973
3a. Date of Last Report 03/06/1996

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

4. FEI Number 59-1951396
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

CUCHENS, HUBERT E
WEST BAYLOOP RD.
1811 W. BAYLOOP ROAD
FREEPORT FL 32439

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARSTVEDT, HAROLD	
STREET ADDRESS	126 S EDEN PARK DRIVE	
CITY - ST - ZIP	SANTA ROSA BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, THOMAS	
STREET ADDRESS	40 WATERVIEW COVE	
CITY - ST - ZIP	FREEPORT FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	CUCHENS, HUBERT E	
STREET ADDRESS	1811 W. BAYLOOP ROAD	
CITY - ST - ZIP	FREEPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HURLEY PRICE	
1.3 STREET ADDRESS	83 WALTON BONITA DR.	
1.4 CITY - ST - ZIP	PANAMA CITY BEACH, FL, 32413	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT YOUNGER	
2.3 STREET ADDRESS	27 SOMERSET BRIDGE ROAD	
2.4 CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459	
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 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: Hubert E. Cuchens Hubert E. Cuchens 2/25/97 904-835-2544

CR2E037 (9/96)