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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 736229

1. Corporation Name
FIRST CHRISTIAN CHURCH OF WINTER PARK, FLORIDA

Principal Place of Business	Mailing Address
1140 S. LAKEMONT AVENUE WINTER PARK FL 32792	1140 S. LAKEMONT AVENUE WINTER PARK FL 32792

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/28/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1574628 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TOBIN, NEIL F
1316 M BUMBY AVE
ORLANDO FL 32803

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLIS, ANTHONY		1.2 NAME	
STREET ADDRESS	4229 WINDBROOK LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TOBIN, NEIL		2.2 NAME	
STREET ADDRESS	1316 N BUMBY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EADS, LARRY		3.2 NAME	
STREET ADDRESS	1513 ANTIONETTE CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OWENS, WILLIAM		4.2 NAME	
STREET ADDRESS	4811 DERRY CRT		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	YODER, MICHAEL		5.2 NAME	
STREET ADDRESS	390 MORNING BLOSSOM LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765		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 (11/98)

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: Neil F. Tobin SIGNATURE Neil F. Tobin 2-28-99 407-644-5060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #