FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **737608** **(0)**

1. Corporation Name
H. T. CHRISTIAN CENTER, INC.

Principal Place of Business	Mailing Address
820 N. 11TH STREET P.O. BOX 1033 PALATKA FL 32178	820 N. 11TH STREET P.O. BOX 1033 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1976
3a. Date of Last Report: 04/18/1994
4. FEI Number: 05-0026100 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATTS, WILLIE
1418 NAPOLEON ST
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name: John David Brown
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 6, Box 236 Elm Ave.
83 Palatka
84 City: FL 85 Zip Code: 32177

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: John David Brown 4-12-95
Signature (and 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	11 TITLE	☐ Change ☐ Addition
NAME	MURRAY, AMOS JR.	12 NAME	
STREET ADDRESS	716 N. 19TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MURRAY, RUTHA MAE	22 NAME	
STREET ADDRESS	716 N. 19TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	
TITLE	FSD	31 TITLE	☐ Change ☐ Addition
NAME	HUGHES, ROSIE L.	32 NAME	
STREET ADDRESS	101 WOODS ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	SAN MATEO FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	SINGLETON, HENRIETTA	42 NAME	
STREET ADDRESS	891 N. CLAY STREET	43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	44 CITY-ST-ZIP	
TITLE	RSD	51 TITLE	☐ Change ☐ Addition
NAME	WORD, LUGENE	52 NAME	
STREET ADDRESS	RT. 6, BOX 499B	53 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	CHERRY, LORENE	62 NAME	
STREET ADDRESS	1000 HUSSON AVE. #108 (Deceased)	63 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	64 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: Amos Murray JR. Amos Murray Jr. (Director) 3-19-95 904-328-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600411