FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham *

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

749366

(1)

i. Corporatio	AL INAUTE	, ,			Į.
BRADFORD UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business Mailing Address					T SOUTH STORY STORY DIGITO SENDS WIND BRITE BROWN BROWN BIRTH BURN BURN BURN BURN BURN BURN BURN BURN
7900 FT, KING RD. P.O. BOX 1626 ZEPHYHILLS FL 33541					
••					3. Date Incorporated or Qualified 3a. Date of Last Report 04/09/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For S9-2073407 Not Applied For
21 26					- The replicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired Section Secti
City & State City & State			***************************************	***	6. Election Campaign Financing \$5.00 May Be
23 28			т	Trust Fund Contribution Added to Fees	
Zip			Country	<i>'</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
				Name	
SCHNECK, DAVID			82	Street	Address (P.O. Box Number is Not Acceptable)
34124 ESTATES LANE					
ZEPHYRHILLS FL 33541			83	,	•
			84	84 City FL 85	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the abov	I e-named	
office or i agent. I a	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was gations of, Section 617.0503, Fl	authorized b lorida Statute	y the corp s.	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent and little if applicable. (NOTE: OFFICERS AND DIRECTORS		TE: Registered Ag	eni signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I PD	DELETE	1.1 TITLE		Change Addition
NAME	SCHNECK, DAVID		1.2 NAME		
STREET ADDRESS	34124 ESTATES LANE		1.3 STREE	T ADDRESS	
CITY-ST-ZIP	ZEPHYHILLS FL		1.4 CITY-	ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	GADAPEE, DONALD 7820 WIRE ROAD		2.2 NAME 2.3 STREET	LTUUBESS	
CITY - ST - ZIP	ZEPHYRHILLS FL		2.4 CITY-		
TITLE	SD	DELETE	3.1 TITLE	1,	SD XX Change x Addition
NAME	STILES, JEAN		3.2 NAME		Leatha Stone
STREET ADDRESS	34344 TIMBERLAND BLVD		3.3 STREET		36818 Kiowa Ave.
CITY-ST-ZIP TITLE	ZEPHYRHILLS FL TD	DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	Zephyrhills, Fi 33541
NAME	MARKEE, BETSY	ت مدداد	4.2 NAME		July Change Last Machitan
STREET ADDRESS	37803 GRANADA AVE.			T ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL		4.4 CITY-1		
TITLE	FSD	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GADAPEE, PRISCILLA		5.2 NAME		,
STREET ADDRESS	7820 WIRE ROAD ZEPHYRHILLS FL		5.3 STREE		· ·
CITY-ST-ZIP TITLE	CETHININGS FL	DELETE	5.4 CITY-: 6.1 TITLE	21 - EIF	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS				T ADDRESS	·

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 branged. From an attachment with an address.

6.4 CiTY+ST-ZIP

SIGNATURE:

FILED

Feb 17 1997 8:00am

Secretary of State