

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 750577 (9)

1. Corporation Name
COMMUNITY CHRISTIAN CHURCH OF OKEECHOBEE, INC.



Principal Place of Business		Mailing Address	
8082 HWY 70 WEST P.O. BOX 1965 OKEECHOBEE FL 34973 US		8082 HWY 70 WEST P.O. BOX 1965 OKEECHOBEE FL 34973 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt #, etc.	Suite, Apt #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
01/11/1980

4. FEI Number
59-2055439

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

KELCHNEER, THEODORE L
7984 SW 13TH ST
OKEECHOBEE FL 34974

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 JAMES R NEALIS PRESIDENT *[Signature]* **4-12-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, RICHARD H	
STREET ADDRESS	136 SW 87TH TERRACE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, JAMES D	
STREET ADDRESS	4425 HWY 441 S LOT #18-A	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SWINGLE, THEODORE P	
STREET ADDRESS	644 SW 87TH DR	
CITY-ST-ZIP	OKEECHOBEE 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES NEALIS	
1.3 STREET ADDRESS	560 SW 87TH TERRACE	
1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
2.1 TITLE	VD Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARLYS A. MOFFATT	
3.3 STREET ADDRESS	4631 S.E. 28th St.	
3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974	
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 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: Carlys A. Moffatt **CARLYS A. MOFFATT 4-12-98 941-467-1653**

CF2E037 (10/97)