

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758585 (4)

1. Corporation Name

LIGHT OF CHRIST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

22 SUMMIT RIDGE DRIVE
~~P.O. BOX 1274~~
TAHLEQUAH OK 74464

22 SUMMIT RIDGE DRIVE
~~P.O. BOX 1274~~
TAHLEQUAH OK 74464



3. Date Incorporated or Qualified
06/02/1981

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
73-1135021

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKINS, EMMA DOROTHEA
140 BOSPHORUS
TAMPA FL 33606

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

N.A.

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	SD	<input type="checkbox"/> DELETE
NAME	BRADLEY, GRACE B	
STREET ADDRESS	104 SUMMIT RIDGE	
CITY-ST-ZIP	TAHLEQUAH OK	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRA, CHARLES C	
STREET ADDRESS	101 SUMMIT RIDGE	
CITY-ST-ZIP	TAHLEQUAH OK	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARRISH, CAROL	
STREET ADDRESS	101 SUMMIT RIDGE	
CITY-ST-ZIP	TAHLEQUAH OK	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	EGGEN, JOHN	
STREET ADDRESS	304 SUMMIT RIDGE DR	
CITY-ST-ZIP	TAHLEQUAH OK	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, NINETTE	
STREET ADDRESS	606 SUMMIT RIDGE DR	
CITY-ST-ZIP	TAHLEQUAH OK	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, BARBARA	
STREET ADDRESS	11 SUMMIT RIDGE DR	
CITY-ST-ZIP	TAHLEQUAH OK	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	OTTO, CAROLYN	
1.3 STREET ADDRESS	110 LOVE LANE	
1.4 CITY-ST-ZIP	TAHLEQUAH, OK 74464	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PERRY, H. J.	
2.3 STREET ADDRESS	702 SUMMIT RIDGE CT.	
2.4 CITY-ST-ZIP	TAHLEQUAH, OK 74464	
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 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:

CC Harra, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96 918-456-3421
Date Daytime Phone

CR2E037 (12/95)