FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767691

(9)

BEVILLE ROAD CHURCH OF CHRIST, INC.

	7 1997 8:00am								
Jan 27	1997	8:00am							
Secre	etary o	of State							



October 1 Di		Madles Addes-								
Principal Place	e of Business	Mailing Address								
% F. J. BEAUMO		% F. J. BEAUMONT				<u> </u>				
US	THE GETT-SOOR	US	E 02117-000E			3. Date Incorporated or Qualified 03/25/1983	3a. Date of 01/3	ite of Last Report)1/31/1996		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	```	Ap	plied For	
21 26					59-1483527		Not Applicable			
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired				
Crty & State City &		City & State	§ State			6. Election Campaign Financing	\$	\$5.00 May Be		
23	28					Trust Fund Contribution		Added to Fees		
Zip	Country		_	untry		· · ·			199.032,	
24	25		30]	1	 				·	
	y, Name and Address of Currer	it Hegistered Agent		01	Namo	10, Name and Address of New neg	sareted Wileu	<u>, </u>		
				"	Name					
BEAUMO				82	Street Addr	ess (P.O. Box Number is Not Acceptabl	θ)			
850 BEVI	LLE KD. A BEACH FL	So BEVILLE RD. DAYTONA BEACH FL 32114-5652 US 3. Date Incorporated or Qualified 03/25/1983 O1/31/1996 O1/31/1996 2a. Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Zip								
				84	City		E1 85	Zip (Code	
44 5	1 0-1	00 1 C17 1500 Florido C4-1	th	ĻĻ				-11		
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corporati	ion's board of directors. I hereby accept	the appointm	ent as	registered	
SIGNATURE .	Signature, lyped or printed name of registered age	ont and tille if applicable. (NO	TÉ: Registere	ed Agen	it signature requir	ed when reinstating)	DATE			
12.	OFFICERS AN						ERS AND DIR	CTOR	S IN 12	
TITLE	PD	DELETE	1.1 T	ITLE				hange	Addition	
NAME	BURGETT, ELMER		1.2 N	IAME	}					
STREET ADDRESS	923 CHICKADEE DR.		1.3 \$	TREET A	ADDRESS					
CITY-ST-ZIP	PT_ORANGE_FL		1.4 G	ITY-ST	- ZIP					
TITLE	STD	DELETE	2.1 T	ITLE				hange	Addition	
NAME	BEAUMONT, F.J.		22 N	IAME						
STREET ADDRESS	320 GOODALL AVE.		2.3 \$	TAEET A	NODRESS					
CITY-ST-ZIP	DAYTONA BEACH FL		2.40	CITY-ST	r-ZIP					
TITLE	VD	☐ DELETE	3.1 T	ITLE			··· [] 0	hange	Addition	
NAME	HENRY, RAY		3.2 N	AME						
STREET ADDRESS	1016 INDIAN OAKS EAST		3.3 S	TREET A	ADDRESS	•				
CITY-ST-ZIP	HOLLY HILL FL		3.4. 0	CITY-ST	- ZIP					
TITLE		☐ DELETE	- 1		İ			hange		
NAME										
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY - ST - ZIP					-ZIP					
TITLE		L_J DELETE	5.1 T	ITLE				nange	■ Addition	
NAME		•	5.2 N	AME						
STREET ADDRESS			5.3 S	TREET #	ADDRESS					
CITY-ST-ZIP		·····	5.40	CITY-ST	- ZIP					
TITLE		☐ DELETE	61 T	ITLE				hange	Addition	
NAME			6.2 N	IAME	1					
STREET AODRESS			6.3 S	TREET A	address					
CITY-ST-ZIP			6.4 0	TY-ST	- ZIP					

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 changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Jans, 9 1991 Date Daytime Phone #0002017