


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00689 (2) 1. Corporation Name FIRST CHRISTIAN CHURCH OF BABSON PARK, FLORIDA, INC.			
Principal Place of Business 1295 HIGHWAY ALTERNATE 27 BABSON PARK FL 33827		Mailing Address 1295 HIGHWAY ALTERNATE 27 BABSON PARK FL 33827-9796	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 01/03/1984		3a. Date of Last Report 05/30/1996	
4. FEI Number 59-2352900		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HANNAN, BETTE J. 357 N. CROOKED LAKE DRIVE BABSON PARK FL 33827		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 Signature, typed 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	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANNAN, BETTE JANE	1.2 NAME	
STREET ADDRESS	357 N. CROOKED LAKE DR.	1.3 STREET ADDRESS	816 Chamberlain Rd.
CITY-ST-ZIP	BABSON PARK FL	1.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNAN, ROBERT C.	2.2 NAME	
STREET ADDRESS	357 N. CROOKED LAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, ALAN	3.2 NAME	
STREET ADDRESS	210 ALDO DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, BRUCE	4.2 NAME	
STREET ADDRESS	218 ALDO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL	4.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MORROW, MICHAEL</del>	5.2 NAME	
STREET ADDRESS	<del>906 RED OAK COURT</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>LAKE WALES FL</del>	5.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PHILLIPS, JOHN</del>	6.2 NAME	
STREET ADDRESS	<del>1736 HWY ALT 27</del>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<del>BABSON PARK FL</del>	6.4 CITY-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: <i>Robert C. Hannan</i> ROBERT C. HANNAN 9-20-97 941-638-1706 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0064943			

CR2E037 (9/96)