

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:15

DOCUMENT # N08768

(6)

1. Corporation Name

BIG PINE CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

R R 5, BOX 527-CC
BIG PINE FL 33043

R R 5, BOX 527-CC
BIG PINE FL 33043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2592299

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VURAL, EROL M
MILE MARKER 25, US HWY 1
BARNETT BANK, 2ND FL
SUMMERLAND KEY FL 33042

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file # application.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LAWES, STEVE
STREET ADDRESS	RT 3, BOX 580
CITY - ST - ZIP	BIG PINE KEY FL 33043
TITLE	SD
NAME	SCHULLER, TOM
STREET ADDRESS	P.O. BOX 510049 N/A
CITY - ST - ZIP	KEY COLONY BEACH FL 33051
TITLE	T
NAME	WAHLGREN, TOM
STREET ADDRESS	RT. 3, BOX 329 E.
CITY - ST - ZIP	BIG PINE KEY FL 33043
TITLE	VD
NAME	GOMEZ, CARLOS
STREET ADDRESS	RT 3 BOX 460
CITY - ST - ZIP	BIG PINE KEY FL 33043
TITLE	T
NAME	UNDERWOOD, BILL
STREET ADDRESS	P.O. BOX 517 N/A
CITY - ST - ZIP	SUMMERLAND KEY FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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 or changes, or on an attachment with an address.

SIGNATURE: STEVE LAWES PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/95

305 872 3404