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 #

N08768

(6)

1, Corporatio	(Name	• •			1		
BIG PINE CHRISTIAN CENTER, INC.							
Principal Plac	e of Business	Mailing Address			-		I DIBIR DIBIL DIBIL AND
,					•		
R R 5. BOX 50 BIG PINE FL 3		R R 5. BOX 527-CC BIG PINE FL 33043					
		•10			3. Date incorporated or Qualified	3a. Date of L	set Report
					04/17/1985		5/1996
2. Principal Place of Business 2a. Mailing Address			····	4. FEI Number		Applied For	
21 26							Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	θ.	City & State		···	6. Election Campaign Financing		
<u>}</u>		28	, , , , , , , , , , , , , , , , , , , ,		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25				Florida Statutes Yes No		
	9. Name and Address of Curi	rent Registered Agent	81	Name	10. Name and Address of New Re	alstered Agent	
				<u> </u>			
VURAL, EROL M			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
MILE MARKER 25, US HWY 1 BARNETT BANK , 2ND FL			83	1			
SUMMERIAND KEY FL 33042				ļ			
			64	l		FL *5	Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	es, the abov	e-named corp	oration submits this statement for the p on's board of directors. I hereby accep	urpose of chang	ging its registered
agent la	rm familiar with, and accept the ob	ligations of, Section 617.0503, Flo	rida Statute	9 tilo Corporati 8.	On a Board of Office lots. The aby accep	r me abbonium	urr as regustered
SIGNATURE							
12.	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable. (NOTE AND DIRECTORS	: Registered Ap	ent signature require	id when reinitating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Ch	
NAME	LAWES, STEVE		1.2 NAME				
STREET ADDRESS	2361 PENSACOLA ROAD		1.3 STREET	T ADDRESS			
CITY-ST-ZIP			1.4 CITY - I	ST-ZIP			
TITLE	SD SD	☐ DELETE	2.1 TITLE			☐ Ch	nange [] Addition
NAME			2.2 NAME				
STREET ADDRESS	1444 1144 414			ADDRESS			
CITY-ST-ZIP			2. 4 CITY- 3.1 TITLE	SI-ZIP		☐ Ch	hange Addition
NAME	WAHLGREN, TOM		3.1 TITLE			<u></u> 011	mile Theories
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	BIG PINE KEY FL		3.4 CITY-				
TITLE	D	DELETE 4.1 T		<u> </u>		Ch	hange Addition
NAME	UNDERWOOD, BILL		4. 2 NAME				
STREET ADDRESS	P.O. BOX 517 N/A		4.3 STREE	T ADDRESS			
CITY - ST - ZIP	SUMMERLAND KEY FL		4.4 CITY-	ST-2IP			
TITLE		☐ DELETE 5.11				Ch	hange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP		The ext	5.4 CITY-	SY-ZIP		FT	T 2 2 2 2 2 1
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	hange
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREE	T ADDRESS			

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 langed, or on an attachment with an address.

5.4 CITY - ST - ZIP

SIGNATURE:

T STEVECILULUITES

2-14-97 335 8723404 Date Devictor Proce & 0078147

FILED

Feb 19 1997 8:00am

Secretary of State