

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15732 (3)**  
 1. Corporation Name  
**BIG LAKE CHURCH OF CHRIST, INC.**



Principal Place of Business <b>4425 HIGHWAY 441 SOUTH LOT 17 OKEECHOBEE FL 34974</b>	Mailing Address <b>4425 HIGHWAY 441 SOUTH LOT 17 OKEECHOBEE FL 34974</b>
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2. Principal Place of Business 21 <b>BIG LAKE CHURCH OF CHRIST</b>	2a. Mailing Address 26 <b>JOHN WALKER</b>
Suite, Apt. #, etc. 22 <b>1115 SW 3RD AVE.</b>	Suite, Apt. #, etc. 27 <b>2438 S.E. 32ND ST.</b>
City & State 23 <b>OKEECHOBEE, FL.</b>	City & State 28 <b>OKEECHOBEE, FL.</b>
Zip 24 <b>34974</b>	Country 25 <b>OKEECHOBEE</b>
Zip 29 <b>34974</b>	Country 30 <b>OKEECHOBEE</b>

3. Date Incorporated or Qualified <b>07/03/1986</b>	3a. Date of Last Report <b>02/17/1995</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**VARSON FRANKLIN  
 4774 HWY 441 N.  
 OKEECHOBEE,  
 OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent  
 81 Name **JOHN WALKER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2438 S.E. 32ND ST.**  
 83 **OKEECHOBEE,**  
 84 City **OKEECHOBEE,** FL 85 Zip Code **34974**

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 **JOHN WALKER** *John Walker* DATE **7-11-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>CD WAGSTER, JAMES</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>502 S.W. 18TH ST.</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>TD WALKER, JOHN</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>2438 S.E. 32ND ST.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL 34974</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<b>VCD GABHART, VERLIN</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>TOWN &amp; COUNTRY MH PK 102</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL 34974</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>SD QUANN, ROBERT</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>1910 S.W. 5TH AVE</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL. 34974</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D WALKER, MARVIN</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>TOWN &amp; COUNTRY MH PK. 52A</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL 34974</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>D COMPTON, NORMAN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>302 N.E. 8TH AVE</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>OKEECHOBEE, FL 34972</b>

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:** *John Walker* *John Walker* DATE **7-11-96** Daytime Phone # **941 467-1013** 0015052

CR2E037 (3/96)