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Jan 24 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 # N15732 (3)

1. Corporation Name
BIG LAKE CHURCH OF CHRIST, INC.



Principal Place of Business: 1115 SW 3RD AVE, OKEECHOBEE FL 34974
Mailing Address: WALKER, JOHN, 2438 SE 32ND ST, OKEECHOBEE FL 34974-6709

3. Date Incorporated or Qualified: 07/03/1986
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: WALKER, JOHN, 2438 SE 32ND ST, OKEECHOBEE, FL 34974
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGSTER, JAMES	1.2 NAME	
STREET ADDRESS	502 SW 18TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JOHN	2.2 NAME	
STREET ADDRESS	2438 SE 32ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	2.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABHART, VERLIN	3.2 NAME	
STREET ADDRESS	TOWN & COUNTRY MH PK 102	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUANN, ROBERT	4.2 NAME	
STREET ADDRESS	1910 SW 5TH AVEOUSLEY ES	4.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MARVIN	5.2 NAME	
STREET ADDRESS	TOWN & COUNTRY MH PK 52A	5.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34974	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMPTON, NORMAN	6.2 NAME	
STREET ADDRESS	302 NE 8TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL 34972	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: *John Walker* WALKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-14-97
Daytime Phone #: 941-467-1013 0071434

CR2E037 (9/96)