


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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|---|--|
| Principal Place of Business 1115 SW 3RD AVE OKEECHOBEE FL 34974 | Mailing Address WALKER, JOHN 2438 SE 32ND ST OKEECHOBEE FL 34974 |
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|---|--|
| 3. Date Incorporated or Qualified 07/03/1986 | |
| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> 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 | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

**WALKER, JOHN
2438 SE 32ND ST
OKEECHOBEE,
OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

| |
|--|
| 81. Name |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. |
| 84. City |
| 85. Zip Code |

FL

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 AVE OKEECHOBEE FL 34974 | 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 | |

QUANN, ROBERT
1910 SW 5TH AVE
OKEECHOBEE FL 34974

14. I 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 N. Walker* 1-12-98 941-467-1013

CF2E087 (10/97)