

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS
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MAY 1 1996 12:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N22986 (6) Corporation Name FIRST CHRISTIAN CHURCH AT LEESBURG, FLORIDA, INC

Principal Place of Business C/O LLOYD M SAPP 1701 VINE STREET LEESBURG FL 34748	Mailing Address C/O LLOYD M SAPP 1701 VINE STREET LEESBURG FL 34748
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DO NOT WRITE IN THIS SPACE	
3. Date incorporated or Qualified 10/13/1987	3a. Date of Last Report 04/11/1994
4. FIC Number 59-1877036	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Reporting Total Filled 1995 ☐	\$5.00 May Be Added to Fees
7. Nonprofit with this purpose Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for telephone tax under 5-194(1)(3) Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SAPP, LLOYD M 14 HILLY WAY FRUITLAND PARK FL 34731
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10. Name and Address of New Registered Agent 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 607.01(3) and 607.01(4) Florida Statutes, the above named corporation hereby, this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, has authorized by this corporation's board of directors, thereby accept the appointment as registered agent, any person who, and accept the qualifications for Sections 607.01(3) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td> OFFICER NAME S JONES, W M STREET ADDRESS 310 PALO VERDE DR CITY AND STATE LEESBURG FL </td> <td> 13. DIRECTORS NAME S JONES, W M STREET ADDRESS 310 PALO VERDE DR CITY AND STATE LEESBURG FL </td> </tr> <tr> <td> OFFICER NAME D GALL, DAVID STREET ADDRESS 04153 PICCIOLA RD CITY AND STATE FRUITLAND PARK FL </td> <td> 13. DIRECTORS NAME D GALL, DAVID STREET ADDRESS 04153 PICCIOLA RD CITY AND STATE FRUITLAND PARK FL </td> </tr> <tr> <td> OFFICER NAME D MCGREW, MAX B STREET ADDRESS 26 WESTON RD CITY AND STATE LEESBURG FL </td> <td> 13. DIRECTORS NAME D MCGREW, MAX B STREET ADDRESS 26 WESTON RD CITY AND STATE LEESBURG FL </td> </tr> <tr> <td> OFFICER NAME D SAPP SNAPP, RICHARD STREET ADDRESS 36108 SPRING LAKE BLVD CITY AND STATE FRUITLAND PARK FL </td> <td> 13. DIRECTORS NAME D SAPP SNAPP, RICHARD STREET ADDRESS 36108 SPRING LAKE BLVD CITY AND STATE FRUITLAND PARK FL </td> </tr> </table>	OFFICER NAME S JONES, W M STREET ADDRESS 310 PALO VERDE DR CITY AND STATE LEESBURG FL	13. DIRECTORS NAME S JONES, W M STREET ADDRESS 310 PALO VERDE DR CITY AND STATE LEESBURG FL	OFFICER NAME D GALL, DAVID STREET ADDRESS 04153 PICCIOLA RD CITY AND STATE FRUITLAND PARK FL	13. DIRECTORS NAME D GALL, DAVID STREET ADDRESS 04153 PICCIOLA RD CITY AND STATE FRUITLAND PARK FL	OFFICER NAME D MCGREW, MAX B STREET ADDRESS 26 WESTON RD CITY AND STATE LEESBURG FL	13. DIRECTORS NAME D MCGREW, MAX B STREET ADDRESS 26 WESTON RD CITY AND STATE LEESBURG FL	OFFICER NAME D SAPP SNAPP, RICHARD STREET ADDRESS 36108 SPRING LAKE BLVD CITY AND STATE FRUITLAND PARK FL	13. DIRECTORS NAME D SAPP SNAPP, RICHARD STREET ADDRESS 36108 SPRING LAKE BLVD CITY AND STATE FRUITLAND PARK FL	13. DIRECTORS NAME STREET ADDRESS CITY AND STATE
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the exemption stated in law under 5-194(1)(3) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the changed or supplemental report with an address.

SIGNATURE: *Lena McGrew* **LENA MCGREW** 4-28-95 904/789-2962
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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