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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

N36402

(8)

DOCUMENT # KEY LARGO CHURCH OF CHRIST, INC.

FILED 96 OCT 10 AM 9: 19 SECRETARY OF STATEMENT OF STATE

						I DI DIBIT PLEASAGE IN BIBIT DI	ESA BABAR SOOT
Principal Place of	Business	Mailing Address					
100695 N. OVERSEAS			₩Y.				
100695 N. OVERSEAS HWY. KEY LARGO FL 33037		KEY LARGO FL 33037			3a. Date of Last Re	eport	
ME, Cambo					3. Date Incorporated or Qualified 01/26/1990	07/20/19	<u>95 </u>
		2a. Mailing Address			4. FEI Number		plied For
2. Principal Place	e of Business	26			65-0174404		t Applicable
H	ato .	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Fee Ro	
Suite, Apt. #,	etc.	27					May Be
City & State		City & State		6. Election Cempaign Financing Trust Fund Contribution 5.00 May Be Added to Fees			
23		28	Cou	ntry	This corporation has liability for in	tangible tax under s. 1	99.032,
Zip	Country	Zip	30	, in y	Florida Statutes	JYes L⊣NO	
24	9. Name and Address of Curre	nt Registered Agent	1301		10. Name and Address of New Re	gistered Agent	
	9. Name and Address of Corre	nt riegistore rige		81 Name			
LEDOV OULDE				B2 Street Ac	Street Address (P.O. Box Number Is Not Acceptable)		
LEROY S				0.000			
57 HIBISI	CUS LANE			83			
\$7909124	4 FL 33037			84 City		FL 85 Zip	Code
						debending the re	nistered office
44 Diversent to	o the provisions of Sections 617.050	02 and 617.1508, Florida Statut	tes, the abo	ove-named corr	poration submits this statement for the purposerd of directors. I hereby accept the appo	pintment as registered	agent. I am
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rlda. Such change was authorization 617.0503, Florida Statutes	S.	COLDORNOLO	poration submits this statement for the puri pard of directors. I hereby accept the appo		
						DATE	
SIGNATURE _	Signature, typed or printed name of registered age	an Brich leich and bergeren	OTE: Registere		uired when reinstating! ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
12.	OFFICERS A	ND DIRECTORS		TITLE		☐ Change	☐ Addition
TITLE	D	DO NOT		NAME			
NAME	MCNULTY, CHARLES	DELETE		STREET ADDRESS			
STREET ADDRESS	1938 N OVERSEAS HWY	DUCU II	-	CITY-ST-ZIP			Addition
CITY-ST-ZIP	KEY LARGO FL	DELETE		TiTLE		☐ Change	L Addition
TITLE	SHADE, LEROY	_	22	NAME			
NAME	54 HIBISCUS LANE	•	2.3	STREET ADDRESS			
STREET ADDRESS	KEY LARGO FL	/_	2.4	CITY-ST-ZIP	D	Change	Addition
CITY-ST-ZIP TITLE	D	DOELETE		TITLE '	Beverly Johnson		
NAME	CLARK, RAYMOND			NAME	22 Hibiscus &	トレ・	
STREET ADDRESS	14 HIBISCUS DR.			STREET ADDRESS	Key Largo, Fl 33	3037	
CITY-ST-ZIP	KEY LARGO FL	- Floriere		CITY-ST-ZIP		Change	Addition
TITLE		DELETE	- 1	TITLE	R		
							N
NAME				2 NAME a storet annæsss	m very	The mains	' \
STREET ADDRESS			4.3	STREET ADDRESS	m 10-18	te Dtimes	<u> </u>
		TI DELETE	4.1		12.00 modes	tentime ?	Addition
STREET ADDRESS		DELETE	4.3 4.4 5.	STREET ADDRESS	H/2 wer subm	the Change	Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	4.3 4.4 5.1 5.1	STREET ADDRESS 1 CITY - ST - ZIP 1 TITLE	H/R was subm	ten time	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1	DELETE	4.3 4.4 5.1 5.1 5.1	9 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME	Key Largo, Fl 33 MWB, 10-18. A/R No. subm		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	DELETE	4.3 4.4 5.1 5.1 5.1 5.2 5.3	9 STREET ADDRESS 4 CITY - ST - ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	H/R was subm	Change	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			4.3 4.4 5.5 5.5 5.6 6.6	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4.3 4.4 5. 5. 5. 5. 6. 6. 6.	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS	alify for the exemption stated in Section 11 courate and that my signature shall have the	☐ Change	Addition

I do hereby certify that the information supplied with this ning is voluntarily turnished and does not qualify or the exempled in Society had 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 cath; 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR