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NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45633

(7)

PARK AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address 511 PARK AVE 511 PARK AVE TITUSVILLE FL 32796 TITUSVILLE FL 32796-3853 3. Date Incorporated or Qualified 3a. Date of Last Report 10/15/1991 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3106105 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional V 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HALL, SIMON G. 82 Street Address (P.O. Box Number is Not Acceptable) 519 GILBERT ST 83 TITUSVILLE FL 32780 84 City 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 a gnature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ČĎ DELETE Change Addition 1.1 THUE NAME HALL, SIMON G. 1.2 NAME 519 GILBERT ST STREET ADDRESS 1.3 STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THLE MCNEAR, FRANK NAME 2.2 NAME 2190 FAIRLANE DR. STREET ADDRESS 2.3 STREFT ADDRESS TITUSVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE SD 3.1 TITLE BELL, HANSELL NAME 3.2 NAME 3871 CATALINA DR STREET ADDRESS 3.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 path; 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.

FILED
May 14 1997 8:00am
Secretary of State

