

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90020 012 \*\*\*\*70.00

0016185

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N45633**

1. Corporation Name  
**PARK AVENUE CHURCH OF CHRIST, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>511 PARK AVE<br>TITUSVILLE FL 32796 | Mailing Address<br>511 PARK AVE<br>TITUSVILLE FL 32796 |
|--|--|

1 5 1 3 2 9 4 \*  
 513294 - 90020 - 12



|   |                           |  |
|---|---------------------------|--|
| 2. Principal Place of Business<br>21            | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>10/15/1991  |
| Suite, Apt. #, etc.<br>22                       | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-3106105  |
| City & State<br>23                              | City & State<br>28        | Applied For<br>Not Applicable  |
| Zip<br>24                                       | Country<br>25             | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>         |
|   | Zip<br>29                 | Country<br>30  |
| 9. Name and Address of Current Registered Agent |                           | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|   |  |   |                |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent         |  | 10. Name and Address of New Registered Agent          |                |
| HALL, SIMON G.<br>519 GILBERT ST<br>TITUSVILLE FL 32780 |  | 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 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                       | HALL, SIMON G.                     | 1.2 NAME  |   |
| STREET ADDRESS             | 519 GILBERT ST                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TITUSVILLE FL                      | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SANDS, WILLIAM H                   | 2.2 NAME  |   |
| STREET ADDRESS             | 1370 WAREAGLE BLVD                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TITUSVILLE FL                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BELL, HANSELL                      | 3.2 NAME  |   |
| STREET ADDRESS             | 3871 CATALINA DR                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | COCOA FL                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 4.2 NAME  |   |
| STREET ADDRESS             |                                    | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 5.2 NAME  |   |
| STREET ADDRESS             |                                    | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                    | 6.2 NAME  |   |
| STREET ADDRESS             |                                    | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                    | 6.4 CITY-ST-ZIP                                       |   |

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, with all other like empowered.

SIGNATURE: Simon G. Hall 4-29-99 (407) 267-5379  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)