

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49184 (7)**

1. Corporation Name
**THE CHURCH OF JESUS CHRIST OF HOMOSASSA PENN. AV
ENUE, INC.**

Principal Place of Business Mailing Address
5537 W IRVING CT HOMOSASSA FL 34448 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/02/1992	3a. Date of Last Report 01/28/1994
4. FEI Number 59-3126140	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**MILCHER, DAVID W.
10340 PENNSYLVANIA AVE
HOMOSASSA FL 32887**

10. Name and Address of New Registered Agent	
81 Name	MILCHER, DAVID W.
82 Street Address (P.O. Box Number is Not Acceptable)	5537 W. IRVING CT.
83	
84 City	HOMOSASSA
85 FL	FL
86 Zip Code	34448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MILCHER, DAVID W
STREET ADDRESS	5537 W IRVING CT
CITY - ST - ZIP	HOMOSASSA FL
TITLE	STD
NAME	MILCHER, CATHY M
STREET ADDRESS	5537 W IRVING CT
CITY - ST - ZIP	HOMOSASSA FL
TITLE	VD
NAME	STRICKLAND, DURONE E.
STREET ADDRESS	5669 S WILLARD AVE
CITY - ST - ZIP	HOMOSASSA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STD
2.3 STREET ADDRESS	Charlotte Ruff
2.4 CITY - ST - ZIP	2982 W. FIELD ST. HOMOSASSA FL. 34446
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	Peterson, Eric
3.4 CITY - ST - ZIP	5389 S. Memorial Dr HOMOSASSA 34446
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: **David W. Milcher** *David Wayne Metcher* **April 24, 1995** **904-68-1535**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #