

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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 P.O. BOX 575 N/A 5537 W IRVING CT P.O. BOX 575
HOMOSASSA FL 34448 Homosassa, FL 34487
US 34487 US

3. Date Incorporated or Qualified **06/02/1992** 3a. Date of Last Report **04/27/1995**

21	2. Principal Place of Business P.O. BOX 575 N/A	26	2a. Mailing Address	4.	FEI Number 59-3126140	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State Homosassa, FL	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip 34487	25	Country US	29	Zip	30	Country US

9. Name and Address of Current Registered Agent

MILCHER, DAVID W.
5537 W. IRVING CT.
HOMOSASSA FL 34448

10. Name and Address of New Registered Agent

81 Name **Scott W. Meigs**
82 Street Address (P.O. Box Number is Not Acceptable)
10340 Pennsylvania Ave.
83
84 City **Homosassa** FL 85 Zip Code **34487**

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Scott W. Meigs **Scott W. Meigs** **2-15-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILCHER, DAVID W	
STREET ADDRESS	5537 W IRVING CT	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUFF, CHARLOTTE	
STREET ADDRESS	4982 W FIELD ST	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETERSON, ERIC	
STREET ADDRESS	5389 S MEMORIAL DR	
CITY-ST-ZIP	HOMOSASSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Scott W. Meigs	
1.3 STREET ADDRESS	P.O. BOX 575 - (10340 Penn. Ave.) N/A	
1.4 CITY-ST-ZIP	Homosassa, FL 34487	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 119.07(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: *Scott W. Meigs* **Scott W. Meigs** **2-15-96** **904 621-0373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)