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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003220

1. Corporation Name

FIRST CHRISTIAN CHURCH OF HAINES CITY, INC.

Principal Place of Business

705 SOUTH 14TH STREET
HAINES CITY FL

Mailing Address

705 SOUTH 14TH STREET
HAINES CITY FL



434110 - 90203 - 41



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number

59-3220575

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STAPLETON, MARY ANN
705 SOUTH 14TH ST
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name

Billig, Wayne A.

82 Street Address (P.O. Box Number is Not Acceptable)

5401 Hwy 17-92W, #137

83

84 City

Haines City,

FL

85 Zip Code

33844

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 Wayne A. Billig

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

Wayne A. Billig

(NOTE: Registered Agent signature required when reinstating)

4/16/99

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD DELETE
NAME GRAYBILL, JOE
STREET ADDRESS 2908 SILVERSPUR LOOP
CITY-ST-ZIP LAKE WALES FL 33853

TITLE PD DELETE
NAME CARLTON, EGGELHARDT
STREET ADDRESS 603 GOLF CREST DR
CITY-ST-ZIP DAVENPORT FL 33837

TITLE T DELETE
NAME BILLIG, WAYNE
STREET ADDRESS 5401 HIGHWAY 17-92 WEST #137
CITY-ST-ZIP HAINES CITY FL 33844

TITLE S DELETE
NAME BLAIR, MARYLIN
STREET ADDRESS 2 EAST LAKE DR
CITY-ST-ZIP HAINES CITY FL 33844

TITLE D DELETE
NAME WATTS, CHARLES
STREET ADDRESS 603 ALTA VISTA
CITY-ST-ZIP HAINES CITY FL 33844

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: Carlton D. Engelhardt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (941) 421-2128

Date

Daytime Phone #

CR2E037 (11/98)