FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000004608 (6) DOCUMENT

FIRST CHRISTIAN CHURCH OF LAKE CITY, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Plai	ce of Business	Mailing Address				
P.O. BOX 967 LAKE CITY FL 32056 US		P.O. BOX 967 LAKE CITY FL 32056 US		3. Date incorporated or Qualified 10/06/1993		
				4. FEI Number 59-2358745	Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be	
22 City & State		27 City & State		Trust Fund Contribution	Added to Fees	
23		28		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre		
24	25 9. Name and Address of Currer		30		Yes No	
Od Name A						
DITCLIE	DODERT H		oi Name	Alan McManus		
RITCHE, ROBERT H.				82 Street Address (P.O. Box Number is Not Acceptable)		
DUVAL ST & 4TH ST			83 2+4	2 BOX 504- A	······	
LAKE CITY FL 32055						
			84 City	ake City FL	85 Zip Code 32025	
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 617.0508, Florida Statutes						
SIGNATURE						
Signature, typed or printed name of registerod agent and title if applicable. (NOTE: Registered Agent				uired when reinstating) DATE	**	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND I		
TITLE	PD PD	☐ L OET ELE	1.1 TITLE	, L	☐ Change ☐ Addition	
NAME	TURNER, LAWRENCE		1.2 NAME			
STREET ADDRESS	RT 18 BOX 701		1.3 STREET ADDRESS			
C/TY-ST-ZIP	LAKE CITY FL D	- Delete	1.4 City-St-Zip			
TMLE	1 -	☐ DELETE	2.1 TITLE	L	Change Addition	
NAME	DOUGHERTY, RONALD J		2.2 NAME			
STREET ADDRESS	RT 12 BOX D-235		2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL VP	L PSI GE	2. 4 CITY-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TITLE	L	Change	
NAME	MCMANUS, ALAN		3.2 NAME			
STREET ADDRESS	RT 6 BOX 504-A N/A LAKE CITY FL		3.3 STREET ADDRESS			
CITY-ST-ZIP		Locust	3.4. CITY-ST-ZIP			
TITLE	STD TIDMELL TEDDY	DELETE	4.1 TITLE	Ł	Change Addition	
NAME	TIDWELL, TERRY		4. 2 NAME			
STREET ADDRESS	RT 8 BOX 567 N/A LAKE CITY FL		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	LAKE CITY FL	☐ DELETE	4.4 CITY-ST-ZIP			
		CT DECEIE	5.1 TITLE	Ŀ	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP		105	
NAME		T DETEL	6.1 TITLE	Ŀ	Change Addition	
1			6.2 NAME	•		
STREET ADDRESS			6.3 STREET ADDRESS		!	
CITY-ST-ZIP	certify that the information supplied wi	ith this filling does not qualify for	6.4 City-St-ZiP	Section 110 07/2VI) Florida Statutos 14 ata a a ata	6 - 11 - 1 - 1 - 1 - 1 - 1	

Independent that the information supplied with this filing does not quality for the exemption stated in Section 119,07(3)(i), Florida Statutes. I further certify that the informatio 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.

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