FILE NOW: FILING FEE IS \$61.25

26

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Ant # etc

Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90173 001 ****61.25

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Applied For

3. Date Incorporated or Qualifed

10/06/1993

4. IFFI Number

DOC	JMEN	1 T #	N930	0000	046	08

1. Corporation Name

21

FIRST CHRISTIAN CHURCH OF LAKE CITY, INC.

Principal Place of Business	Mailing Address
P.O. 80X 967 LAKE CITY FL 32056 US	P.O. BOX 967 LAKE CITY FL 32056 US
2. Principal Place of Business	2a. Mailing Address

LAKE CITY FL 32056 US	LAKE CITY FL 32056 US	

Outlo, Fipt. #, 610.	Ł	Cuito, ripi. #, oto.		1		7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Applied 1 of		
22	27					59-2358745	Not Applicable		
City & State	28	City & State			5.	Certifcate of Status Desired	\$8.75 Additional Fee Required		
Zip 25	Country 29	Zip C	ountry			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
9. Name and	d Address of Current Regis	tered Agent			10. Name and Address of New Registered Agent				
MCMANUS, ALAN RT 6, BOX 504A LAKE CITY FL 32025	,		81 82 83	Street Address	s (P	rell, Terry O. Box Number is Not Acceptable) Box 567	85 Zip Code		
office or registered agent,	or both, in the State of Florid	17.1508, Florida Statutes, the da. Such change was authoriz Section 317.0503, Florida St	ed by t	named corpora he corporation's	tion	submits this statement for the purpose and of directors. I hereby accept the ap	pointment as registered		

agent. I a	m familiar with, and accept the obligations	of, Section 817.0503, Flori	ida Statutes.				
SIGNATURE	Terry redu	ell			1-15	- 99	
12.	Signature, typed or printed name of registered agent and lit OFFICERS AND DIF		Registered Agent signature 1 13.	· · · · · · · · · · · · · · · · · · ·	CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
TITLE	PD	☑ DELETE	1.1 TITLE	D		Change Ch	☐ Addition
NAME	TURNER, LAWRENCE		1.2 NAME	Kinna ma	in Raumona	l E.	
STREET ADDRESS	RT 18 BOX 701	•	1.3 STREET ADDRESS	900-B LO	in, Raymona chlynn Ane.		
CITY-ST-ZIP	LAKE CITY FL		1.4 CITY-ST-ZIP	Lake City	, Fl. 32025	<u> </u>	
TITLE	D	DELETE	2.1 TITLE	المسامسا	•	☑ Change	Addition
NAME	DOUGHERTY, RONALD J		2.2 NAME	Eileen D. Rt. 18 B	wright		
STREET ADDRESS	RT 12 BOX D-235		2.3 STREET ADDRESS	R1.18 B	0x630		
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP	Lake City	<i>H</i> 320.	35	· ·
TILE	VP	DELETE	3.1 TITLE	1		Change	☐ Addition
NAME	MCMANUS, ALAN		3.2 NAME	,			
STREET ADDRESS	RT 6 BOX 504-A N/A		3.3 STREET ADDRESS	1			
CITY-ST-ZIP	LAKE CITY FL		3.4. CITY-ST-ZIP				
TITLE	STD	☐ DELETE	4.1 TITLE	D		Change	Addition
NAME	TIDWELL, TERRY		4. 2 NAME	ļ			
STREET ADDRESS	RT 8 BOX 567 N/A		4.3 STREET ADDRESS			_	
CITY-ST-ZIP	LAKE CITY FL		4.4 CITY-ST ZIP	i	32	055	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME .			5.2 NAME	,			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	[
TITLE		DELETE	6.1 TITLE			Change	☐ Addition
NAME)		"	6.2 NAME		•		·
STREET ADDRESS			6.3 STREET ADDRESS				•

6.4 CITY-ST-ZIP CITY-ST-ZIF 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1,19.07(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:

Terry Tidwell 1-15-99