

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004467 (4)**

1. Corporation Name

FRONTLINES CHURCH, INC.



Principal Place of Business 633 OAKWOOD PLACE TITUSVILLE FL 32780	Mailing Address 633 OAKWOOD PLACE TITUSVILLE FL 32780
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3. Date Incorporated or Qualified 08/27/1996	
4. FEI Number 59-3408005	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 6750 SO. U.S. 1 Suite, Apt. #, etc. 1 22 City & State 23 TITUSVILLE FL Zip 32780 Country USA	2a. Mailing Address 26 6750 SO. U.S. 1 Suite, Apt. #, etc. 1 27 City & State 28 TITUSVILLE FL Zip 32780 Country USA
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MERWIN, TIM 633 OAKWOOD PLACE 6750 SOUTH U.S. 1 TITUSVILLE FL 32780 SUITE 1

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D MERWIN, TIM
STREET ADDRESS	633 OAKWOOD PLACE
CITY-ST-ZIP	TITUSVILLE FL 32780
TITLE	<input type="checkbox"/> DELETE
NAME	D MERWIN, LARRY
STREET ADDRESS	403 HIGHWAY A1A #211
CITY-ST-ZIP	SATELLITE BEACH FL 32937
TITLE	<input type="checkbox"/> DELETE
NAME	D COX, JAMES
STREET ADDRESS	4385 CAMBERLY COURT
CITY-ST-ZIP	COCOA FL 32927
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D PAPPAGEAS, JIM
STREET ADDRESS	5513 HOLDEN ROAD
CITY-ST-ZIP	COCOA FL 32927
TITLE	<input type="checkbox"/> DELETE
NAME	D PATRICK, RICK
STREET ADDRESS	2550 WHITE OAK DRIVE
CITY-ST-ZIP	TITUSVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D ANDIS, KEN
STREET ADDRESS	1708 SO EDEN CIRCLE
CITY-ST-ZIP	TITUSVILLE FL

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 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 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.

SIGNATURE:  **LARRY J. MERWIN** 1-20-98 407/267-0904

CR2E037 (10/97)