FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700002746 1. Corporation Name

RUSKIN CHURCH OF CHRIST, INC.

Principal Place of Business

2. Principal Place of Business

611 2ND ST NW RUSKIN FL 33570 Mailing Address

P.O. BOX 1037 RUSKIN FL 33570

2a. Mailing Address

US

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90058 012 ****61.25



3. Date Incorporated or Qualifed

05/14/1997

21 RusA	UIN CHURCH OF CALISTING			05/14/1997			
Suite, Apt.	#, etc. Suite, Apt. #, etc. 27			4. FEI Number 59-3457159	Applied Fo		
22 6 // City & State	State City & State				\$8.75 Additiona	al	
23 RUSK	~		5. Certificate of Status Desired Fee Required				
Zip	Country Zip	Country		6. Election Campaign Financing	\$5.00 May Be		
24 335	520 25 29 30			Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
-		81	Name				
UPTEGRAFF, DAN			82 Street Address (P.O. Box Number is Not Acceptable)				
	·	62	52 Street Address (F.O. Box Hamber is Not Floodplaster)				
611 2ND ST NW RUSKIN FL 33570			83				
				<u> </u>			
į		84	City	FL	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 Streature proof of printed page of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rec OFFICERS AND DIRECTORS	13.	aignatura required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
		1.1 TITLE			☐ Change ☐ Ad		
TITLE					-		
NAME	UPTEGRAFF, DAN	1.2 NAME					
STREET ADDRESS	10004 BILL TOOKEN NO		ADDRESS	, ,			
CITY-ST-ZIP	WIMAUMA FL	1.4 CITY-ST	-ZIP	<u> </u>	☐ Change ☐ Ad	ddition	
TITLE	DC DELETE	2.1 TITLE	ľ	•	□ Oliveride □	20.00.	
NAME	SOSBEE, DORIS			,			
STREET ADDRESS	2001 HEATHFIELD CIRCLE 23ST		ADORESS		•	- 1	
CITY-ST-ZIP	SUN CITY CENTER FL 33573		-ZIP			1400 -	
TITLE	S □ DELETE 3.1 TIT				☐ Change ☐ Ad	ddition	
NAME	DELLINGER, LOLA 32 N					ļ	
STREET ADDRESS	P O BOX 7148 N/A	3.3 STREET	ADDRESS				
CITY-ST-ZIP	SUN CITY CENTER FL	3.4. CITY- \$1	r- ZIP				
TITLE	T DELETE	4.1 TITLE		•	Change Ad	ddition	
NAME	UPTEGRAFF, PATRICIA	4. 2 NAME					
STREET ADORESS		4.3 STREET	ADDRESS		•		
CfTY-ST-ZIP	WIMAUMA FL	4.4 CITY-ST	-ZIP				
TITLE	D DELETE	5.1 TITLE			☐ Change ☐ Ad	ddition	
NAME	WRIGHT, BARBARA	5.2 NAME				.	
STREET ADDRESS		5.3 STREET	ADDRESS	•			
· -	RUSKIN FL 33570 54 CT		-ZIP		·	.	
CITY-ST-ZIP	NUSKIN FL 33370 □ DELETE 6.1 TI				☐ Change ☐ Ad	ddition	
		6.2 NAME	-	• •			
NAME		6.3 STREET	ADORESS			-	
STREET ADDRESS		6.4 CITY-ST			_	1	
CITY-ST-ZIP		0.4 CHT+SI		action 110 07(3)(i) Florida Statutes I further cen	ify that the informati	ion	

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 informati 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 ceth; 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:

813 634 4814