FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:15

DOCUMENT # N51203 (0)

1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF THE BEACHES, INC.

Principal Place of Business	Mailing Address
2125 OCEAN FRONT NEPTUNE BEACH FL 32266	2125 OCEAN FRONT NEPTUNE BEACH FL 32266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1992
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1165595 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HIBBARD, JOHN E.
2125 FIRST ST
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HIBBARD, JOHN E.	1.2 NAME	
STREET ADDRESS	2125 FIRST ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	DELOACH, MELISSA	2.2 NAME	S
STREET ADDRESS	509 UPPER 8TH AVE S	2.3 STREET ADDRESS	CONNIE WENDT
CITY-ST-ZIP	JACKSONVILLE BCH FL	2.4 CITY-ST-ZIP	2907 Suni Pines Blvd Jacksonville, Fl 32250
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JORDAN, DONALD	3.2 NAME	
STREET ADDRESS	1423 FOREST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	SUTTON, JOHN	4.2 NAME	D
STREET ADDRESS	736 N 4TH AVE	4.3 STREET ADDRESS	DALE HAYWOOD
CITY-ST-ZIP	JACKSONVILLE BCH FL	4.4 CITY-ST-ZIP	1810 Lighty Lane Atlantic Beach, Fl 32233
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TERRELL, JERRY	5.2 NAME	
STREET ADDRESS	1862 TIERRA VERDE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 a 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 added to the report with an address.

SIGNATURE: John E. Hibbard Feb. 7, 1995 904-246-2010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
John E. Hibbard

0026T4