# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 10:49

DOCUMENT # 700086 (2)

1. Corporation Name
THE COMMUNITY CHURCH INC

| Principal Place of Business | Mailing Address |
|---|---|
| OAK AND SPRING STREETS<br>JUST OFF HWY. 98, P.O. BOX 424<br>LANARK VILLAGE FL 32323 | OAK AND SPRING STREETS<br>JUST OFF HWY. 98, P.O. BOX 424<br>LANARK VILLAGE FL 32323 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1959
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2752009 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

JONES, EUGENE
3 PINE STREET
LANARK VILLAGE
LANARK VILLAGE FL 32323

10. Name and Address of New Registered Agent

81 Name: HAROLD SPARKS
82 Street Address (P.O. Box Number is Not Acceptable): 40-7 HOLLAND
83
84 City: LANARK VILLAGE **FL** 85 Zip Code: 32323

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: Harold Sparks — HAROLD SPARKS — 3-31-1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 11 TITLE | CD | ☒ Change ☐ Addition |
| NAME | JONES, EUGENE | 12 NAME | HAROLD SPARKS | |
| STREET ADDRESS | 3 PINE STREET | 13 STREET ADDRESS | 40-7 HOLLAND | |
| CITY-ST-ZIP | LANARK VILLAGE FL | 14 CITY-ST-ZIP | LANARK VILLAGE FL 32323 | |
| TITLE | VCD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GARRISS, ANN | 22 NAME | | |
| STREET ADDRESS | 37-4 PINE STREET | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LANARK VILLAGE FL | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | SD | ☒ Change ☐ Addition |
| NAME | ALLISON, SARAH | 32 NAME | LUCILLE BEATY | |
| STREET ADDRESS | CONNECTICUT | 33 STREET ADDRESS | 47-3 PINE | |
| CITY-ST-ZIP | LANARK VILLAGE FL | 34 CITY-ST-ZIP | LANARK VILLAGE, FL 32323 | |
| TITLE | TD | 41 TITLE | MARY JANE KITAMURA TD | ☒ Change ☐ Addition |
| NAME | DIETZ, RUTH E | 42 NAME | | |
| STREET ADDRESS | 36-2 MERIGOLD COURT | 43 STREET ADDRESS | COLORADO & LOUSIANA | |
| CITY-ST-ZIP | LANARK VILLAGE FL | 44 CITY-ST-ZIP | CARRABELLE, FL 32322 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 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 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:** MARY JANE KITAMURA TD — Mary Jane Kitamura — 3-31-1995 — 1-904-697-3307
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number
Treasurer Dir.

00/0200