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

APPROVED AND FILED
95 APR 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700313 (0)

1. Corporation Name
FIRST CHRISTIAN CHURCH OF LAKE WORTH, INC.

Principal Place of Business	Mailing Address
301 N J ST LAKE WORTH FL 33460	301 N J ST LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1960
3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-1521547 ☐ 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

NUNAMAKER, TWYLAH
128 AKRON ST
LAKE WORTH FL 33461-1808

10. Name and Address of New Registered Agent

81 Name: Twylah Nunamaker
82 Street Address (P.O. Box Number is Not Acceptable): 128 Akron St
83 Lake Worth - Fla
84 City: FL 85 Zip Code: 33460

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: Twylah Nunamaker 4-19-95
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	TD	1.1 TITLE		☒ Change ☐ Addition
NAME	MURPHY, LAVERA	1.2 NAME		
STREET ADDRESS	2647 N GARDEN DR APT 301	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	NUNAMAKER, TWYLAH	2.2 NAME		
STREET ADDRESS	128 AKRON ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33461	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WALTERS BERNICE	3.2 NAME		
STREET ADDRESS	8562 LAWRENCE RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH., FL 33435	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GRIDER, CLIFFORD	4.2 NAME	GRIDER, REGINA	
STREET ADDRESS	432 MACY ST	4.3 STREET ADDRESS	432 MACY ST	
CITY-ST-ZIP	W PALM BEACH, FL 00000	4.4 CITY-ST-ZIP	W PALM BEACH, FL 33405	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	DYCUS VIOLA	5.2 NAME		
STREET ADDRESS	277 N. COUNTRY CLUB DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL 33462	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 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: Twylah Nunamaker 4-19-95 (407) 582-4676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
TWYLAH NUNAMAKER