

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 700313 (0)**  
 1. Corporation Name  
**FIRST CHRISTIAN CHURCH OF LAKE WORTH, INC.**

Principal Place of Business <b>301 N J ST LAKE WORTH FL 33460</b>	Mailing Address <b>300 N DIXIE LAKE WORTH FL 33460 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/13/1960</b>	4. FEI Number <b>59-1521547</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**NUNAMAKER, TWYLAH**  
**128 AKRON ST.**  
**LAKE WORTH FL 33460**

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

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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, LAVERA</b>	
STREET ADDRESS	<b>2647 N GARDEN DR APT 301</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNAMAKER, TWYLAH</b>	
STREET ADDRESS	<b>128 AKRON ST</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALTERS BERNICE</b>	
STREET ADDRESS	<b>8562 LAWRENCE RD.</b>	
CITY-ST-ZIP	<b>BOYNTON BCH., FL 33435</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRIDER, REGINA</b>	
STREET ADDRESS	<b>432 MACY ST.</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DYCUS VIOLA</b>	
STREET ADDRESS	<b>277 N. COUNTRY CLUB DR.</b>	
CITY-ST-ZIP	<b>ATLANTIS FL 3346-2</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>KROECK, EVA</b>	
3.3 STREET ADDRESS	<b>207 S.E. 25th AVE</b>	
3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33435</b>	
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: *Twylah Nunamaker*

4/14-98

CR2E037 (10/97)