

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90253 050 \*\*\*\*61.25

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DOCUMENT # 700313

1. Corporation Name

FIRST CHRISTIAN CHURCH OF LAKE WORTH, INC.

Principal Place of Business

301 N J ST  
LAKE WORTH FL 33460

Mailing Address

300 N DIXIE  
LAKE WORTH FL 33460  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/13/1960

4. FEI Number

59-1521547

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

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 *Twylah Nunamaker*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*128 Akron St*  
83 *Lake Worth*  
84 City

FL

85 Zip Code  
*33461*

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 *Twylah Nunamaker*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-28-99*

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS MURPHY, LAVERA  
CITY-ST-ZIP 2647 N GARDEN DR APT 301  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS NUNAMAKER, TWYLAH  
CITY-ST-ZIP 128 AKRON ST  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WALTERS BERNICE  
CITY-ST-ZIP 8562 LAWRENCE RD.  
BOYNTON BCH., FL 33435

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS KROECK, EVA  
CITY-ST-ZIP 207 S.E. 25TH AVE  
BOYNTON BEACH FL 33435

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS DYCUS VIOLA  
CITY-ST-ZIP 277 N. COUNTRY CLUB DR.  
ATLANTIS FL 3346-2

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Twylah Nunamaker*

4-28-99 561-589-5715

CR2E037 (11/98)