

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 PM 3:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-06/22/95--01050--013
DO NOT WRITE IN THESE SPACES **70.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 700967
1. Corporation Name

CHURCH OF CHRIST LAKE WORTH INC

Principal Place of Business Mailing Address
**CHURCH OF CHRIST 2910 VASSALLO AVE
4857 WEST LAKE ROAD LAKE WORTH FL
PALM BEACH GARDENS FL 33410 33461**

3. Date Incorporated or Qualified 3a. Date of Last Report
4. FEI Number 59-6554159 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. 109.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**DAWSON MERRITT E
2910 VASSALLO AVE
LAKE WORTH FL 33461**

10. Name and Address of New Registered Agent
81 Name **VICTOR R. JARRELL**
82 Street Address (P.O. Box Number is Not Acceptable) **1404 LAKE BASS DRIVE**
83
84 City **LAKE WORTH** FL 85 Zip Code **33461**

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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **VICTOR R. JARRELL PD** *Victor R. Jarrell* **5/1/95**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DAWSON, MERRITT E
STREET ADDRESS	2910 VASSALLO AVE
CITY - ST - ZIP	LAKE WORTH FL 33461
TITLE	TD
NAME	TUCKER, EUGENE
STREET ADDRESS	1792 64TH DRIVE SOUTH
CITY - ST - ZIP	WEST PALM BEACH FL 33415
TITLE	PD
NAME	COX, JAMES E
STREET ADDRESS	721 NORTH "M" STREET
CITY - ST - ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	VICTOR R JARRELL
13 STREET ADDRESS	1404 LAKE BASS DRIVE
14 CITY - ST - ZIP	LAKE WORTH FL 33461
21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LINDA L. JARRELL
23 STREET ADDRESS	1404 LAKE BASS DRIVE
24 CITY - ST - ZIP	LAKE WORTH FL 33461
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MERRITT E. DAWSON
33 STREET ADDRESS	2910 VASSALLO AVE
34 CITY - ST - ZIP	LAKE WORTH FL 33461
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(a), 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: **LINDA L. JARRELL - SECRETARY** *Linda L. Jarrell* **5/1/95** (1-407-505-6252)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Circle Month & Year)

PREPARED BY HWY 1