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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 700967 (3)

1. Corporation Name
CHURCH OF CHRIST LAKE WORTH INC



Principal Place of Business Mailing Address
CHURCH OF CHRIST 4857 NORTH LAKE BLVD.
4857 WEST LAKE ROAD PALM BEACH GARDENS FL 33418
PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified 05/17/1960
3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Gardens Church of Christ 26 Gardens Church of Christ
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 4857 Northlake Blvd. 27 4857 Northlake Blvd.
City & State City & State
23 Palm Beach Gardens 28 Palm Beach Gardens,
Zip Country Zip Country
24 33418 25 Palm Beach 29 33418 30 Palm Beach

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JARRELL, VICTOR R
1404 LAKE BASS DRIVE
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) 4859 Northlake Blvd.
83
84 City Palm Beach Gardens FL 85 Zip Code 33418

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAWSON, MERRITT E. 2910 VASSALLO AVE. LAKE WORTH FL 33461 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TD Jarrell, Michael Rt. 15 Box 888 32055 Lake City, Fla <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JARRELL, VICTOR R 1404 LAKE BASS DRIVE LAKE WORTH FL 33461 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	PD Jarrell, Victor R. 4857 Northlake Blvd. Palm Beach Gardens, Fla <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARRELL, LINDA L 1404 LAKE BASS DRIVE LAKE WORTH FL 33461 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Jarrell, Linda L. 4857 Northlake Blvd Palm Beach Gardens, Fla <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Victor R. Jarrell *Victor R. Jarrell* 1/6/97 1-561-625-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078780

CR2E037 (9/96)