

FILE NOW: FILING FEE IS \$61.25

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Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700967 (3)

1. Corporation Name

CHURCH OF CHRIST LAKE WORTH INC



Principal Place of Business 4857 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418 US	Mailing Address 4857 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418 US
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2. Principal Place of Business 21 CHURCH OF CHRIST Suite, Apt. #, etc. 22 20791 Powell Road City & State 23 Dunnellon, Florida Zip Country 24 34430 25 Marion 26 34433 27 Citrus	2a. Mailing Address 28 Victor R. Jarrell Suite, Apt. #, etc. 29 8708 N. Elkam Blvd. City & State 30 Dunnellon, Florida Zip Country 31 34433 32 Citrus
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3. Date Incorporated or Qualified 05/17/1960	4. FEI Number 59-6554159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent JARRELL, VICTOR R 4859 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418	10. Name and Address of New Registered Agent 81 Victor R. Jarrell 82 8708 N. Elkam Blvd. 83 Dunnellon, 84 FL 85 34433
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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 **Victor R. Jarrell Pres.** *Victor R. Jarrell* **1/26/98**
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	TD	<input type="checkbox"/> DELETE
NAME	JARRELL, MICHAEL	
STREET ADDRESS	RT 15 BOX 888	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JARRELL, VICTOR R	
STREET ADDRESS	4857 NORTHLAKE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JARRELL, LINDA L	
STREET ADDRESS	4857 NORTHLAKE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jarrell, Michael	
1.3 STREET ADDRESS	Rt. 13 Box 278	
1.4 CITY-ST-ZIP	Lake City, FL.	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jarrell, Victor	
2.3 STREET ADDRESS	8708 N. Elkam Blvd.	
2.4 CITY-ST-ZIP	Dunnellon, FL.	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jarrell, Linda	
3.3 STREET ADDRESS	8708 N. Elkam Blvd.	
3.4 CITY-ST-ZIP	Dunnellon, FL.	
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: **Victor R. Jarrell** *Victor R. Jarrell* **1/26/98**

CP2E037 (10/97)