


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4857 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418 US</b>	Mailing Address <b>4857 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418 US</b>
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3. Date Incorporated or Qualified <b>05/17/1960</b>		
4. FEI Number <b>59-0554159</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" 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 checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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		

2. Principal Place of Business	2a. Mailing Address
21 <b>CHURCH OF CHRIST</b> Suite, Apt. #, etc.	26 <b>Victor R. Jarrell</b> Suite, Apt. #, etc.
22 <b>20791 Powell Road</b> City & State	27 <b>8708 N. Elkam Blvd.</b> City & State
23 <b>Dunnellon, Florida</b> Zip Country	28 <b>Dunnellon, Florida</b> Zip Country
24 <b>34430</b> 25 <b>Marion</b>	29 <b>34433</b> 30 <b>Citrus</b>

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 Name <b>Victor R. Jarrell</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>8708 N. Elkam Blvd.</b>	
83 City <b>Dunnellon,</b>	
84 City <b>FL</b>	85 Zip Code <b>34433</b>

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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>JARRELL, MICHAEL</b>	
STREET ADDRESS	<b>RT 15 BOX 888</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JARRELL, VICTOR R</b>	
STREET ADDRESS	<b>4857 NORTHLAKE BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JARRELL, LINDA L</b>	
STREET ADDRESS	<b>4857 NORTHLAKE BLVD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
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	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jarrell, Michael</b>	
1.3 STREET ADDRESS	<b>Rt. 13 Box 278</b>	
1.4 CITY-ST-ZIP	<b>Lake City, Fl.</b>	
2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jarrell, Victor</b>	
2.3 STREET ADDRESS	<b>8708 N. Elkam Blvd.</b>	
2.4 CITY-ST-ZIP	<b>Dunnellon, Fl.</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jarrell, Linda</b>	
3.3 STREET ADDRESS	<b>8708 N. Elkam Blvd.</b>	
3.4 CITY-ST-ZIP	<b>Dunnellon, FL.</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: **Victor R. Jarrell** *Victor R. Jarrell* 1/26/98

CFR2037 (10/97)