

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PH 4: 32

DOCUMENT # 702803 (8)  
1. Corporation Name  
FIRST CHURCH OF JESUS CHRIST OF HOMOSASSA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
C/O PAUL W. TODD P.O. BOX 3377 HOMOSASSA SPRINGS FL 32647  
C/O PAUL W. TODD P.O. BOX 3377 HOMOSASSA SPRINGS FL 32647

3. Date Incorporated or Qualified 08/18/1961 3a. Date of Last Report 03/08/1994  
4. FEI Number 59-2515785 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. 189.032, 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 29 Zip 30 Country

9. Name and Address of Current Registered Agent

TODD, PAUL W  
8161 W. BARRY COURT  
HOMOSASSA FL 32646

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TODD, PAUL W.	1.2 NAME	
STREET ADDRESS	8161 W. BARRY CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOMOSASSA SPRING FL	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DANIEL	2.2 NAME	
STREET ADDRESS	TROPIC TERRACE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RIVER FL	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOKS, RALPH	3.2 NAME	
STREET ADDRESS	FT. ISLAND TRAIL	3.3 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RVR FL	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, TONY LEE	4.2 NAME	
STREET ADDRESS	8236 W. STEELE CT	4.3 STREET ADDRESS	
CITY- ST- ZIP	CRYSTAL RIVER FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBUSK, KENNETH	5.2 NAME	
STREET ADDRESS	TORTOISE LANE	5.3 STREET ADDRESS	
CITY- ST- ZIP	HOMOSASSA FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONEY, ERIC	6.2 NAME	
STREET ADDRESS	MAGNOLIA	6.3 STREET ADDRESS	
CITY- ST- ZIP	HOMOSASSA FL	6.4 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)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (if checked), or on an attachment with an affidavit.

SIGNATURE: Paul W. Todd 1/27/95 904-628-5076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR