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FILED
May 06 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 # 702803 (8)
 1. Corporation Name
FIRST CHURCH OF JESUS CHRIST OF HOMOSASSA, INC.



Principal Place of Business		Mailing Address	
C/O PAUL W. TODD P.O. BOX 3377 HOMOSASSA SPRINGS FL 34447 US		C/O PAUL W. TODD P.O. BOX 3377 HOMOSASSA SPRINGS FL 34447 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
08/18/1961

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

TODD, PAUL W
8161 W. BARRY COURT
HOMOSASSA FL 34448

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	TODD, PAUL W.
STREET ADDRESS	8161 W. BARRY CT.
CITY-ST-ZIP	HOMOSASSA SPRING FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WILLIAMS, DANIEL
STREET ADDRESS	TROPIC TERRACE
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	ROOKS, RALPH
STREET ADDRESS	FT. ISLAND TRAIL
CITY-ST-ZIP	CRYSTAL RVR FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WILLIAMSON, TONY LEE
STREET ADDRESS	8236 W. STEELE CT
CITY-ST-ZIP	CRYSTAL RIVER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEBUSK, KENNETH
STREET ADDRESS	TORTOISE LANE
CITY-ST-ZIP	HOMOSASSA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TONEY, ERIC
STREET ADDRESS	MAGNOLIA
CITY-ST-ZIP	HOMOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Paul W. Todd* **PAUL W. TODD 4/26/98 352-628-5076**

CR2E037 (10/97)