FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B: Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation	MENT # 70795	4 (4)				
· ·	TY CHURCH, INC.			((BB) (BB) BB()((BB)B (B) B)	ill diât bisti bisti bisti bisti bisti bisti bisti bisti bis	
Principal Plac	ce of Business	Mailing Address		(CODALIS TODIS ODDIS LOGIO (210) (2)	ili bibi bibit bibil bibil 31811 bibil 91811 1851	
8600 HWY 98 W 8600 HWY 98 W PENSACOLA FL 32506 89 US US			3915	·		
				 Date Incorporated or Qualified 10/13/1964 	3a. Date of Last Report 11/05/1996	
2. Principal F	2. Principal Place of Business 2a. Mailing Address			4. FEI Number 23-7062057	Applied For	
21 28 Suite, Apt. #, etc. Suite, Apt. #, etc.				Not Applicable \$8.75 Additional		
22 27				5. Certificate of Status Desired	Fee Required	
City & State Cit		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New F	legistered Agent	
160000	MB, BUFORD					
6003 CHANDELLE CIR			82 Street	Address (P.O. Box Number is Not Accepted	able)	
PENSA	COLA FL 32507		63			
	•		84 City		B5 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508. Florida Stat	ules, the above-named	cornoration submits this statement for the	number of changing its registered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was tions of, Section 617.0503, I	s authorized by the corp Florida Statutes.	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	ept the appointment as registered	
SIGNATURE						
12.	Signature, typed or printed name of registered agent and title if applicable. (NOT 12. OFFICERS AND DIRECTORS			Registered Agent signature required when reinstalling) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	ADDITIONAL TO OTT	Change Addition	
NAME	LIPSCOMB, BUFORD		1.2 NAME			
STREET ADDRESS	6003 CHANDELLE CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000	D DELETE	1.4 CITY - ST - ZIP			
		DELETE	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition	
STREET ADDRESS	5037 CHANDELLE DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 00000		2. 4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	WEAVER, JIMMY		3.2 NAMÉ			
STREET ADDRESS	205 N 59TH AVENUE		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	PENSACOLA FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME	HARRIS, JOHN		4. 2 NAME		C Symple C Mandan	
STREET ADDRESS	1801 GRUNDY STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	INVOICE TO	TO TOTAL	
TITLE		DELETE	5.1 TITLE	INVOICE LOA	Change Addition	
STREET ADDRIÉN VOICE RECEIVED, DATE 4/28/97			5.2 NAME			
STREET ADDRESS Y UILD RECEIVED, DAIR			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	TO BE LOADE	DELETE	5.4 CITY-ST-ZIP	DATE 4/28/9	2 Change Addition	
NAME		☐ VELETE	6.1 TITLE 6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	<u> </u>		
City-St-7iP			6.8 STREET ADDRESS			

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.

FILED

Jul 21 1997 8:00am

Secretary of State