## **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

DOCUMENT #

1. Corporation Name

708044

(3)

THE WASHINGTON SHORES CHURCH OF CHRIST, INC.

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Principal Place of Business Mailing Address							11811 91911 1881
2818 ORANGE ORLANDO FL 3		2918 ORANGE CENTER BLVI ORLANDO FL 32805-3550	)				
					3. Date Incorporated or Qualified 11/03/1964	3a. Date of Last I 02/14/19	Report 196
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	······································	4. FEI Number		pplied For
21		26		"""		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired  Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		to Fees
Zıp	Country	Zip	Country		8. This corporation has liability for in		s. 199.032,
24	25 29 30 30 9. Name and Address of Current Registered Agent						
	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Reg	Herered Agent	
EU IO W	11 1 1 A B J A J			1101110			
ELLIS,WILLIAM M 517 DOMINO DR			82 Street Add		ress (P.O. Box Number is Not Acceptab	e)	
ORLANDO FL 32805			83				
0112412			84	City		ag 7in	Code
			07	City		FL  85   Zip	Code
SIGNATURE	Signature typed or printed name of registered agen	it and title if applicable (NOTE: I	Registered Age		poration submits this statement for the pition's board of directors. I hereby acceptions when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	******	
TITLE NAME	SD Dariso, Russell	FINETELE	1.1 TITLE 1.2 NAME			L Change	Addition
NAME STREET ADDRESS	2818 ORANGE CENTER BL		1.3 STREET ADDRESS				
CITY-S1-ZIP	ORLANDO, FL 00000		1.4 CITY-S				
TITLE	CD	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ELLIS, WILLIAM M		2.2 NAME		;	* • •	
STREET ADDRESS	2818 ORANGE CENTER BL		2.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 00000	□ pcurve	2. 4 CiTY-5	ST-ZIP	, , , , , , , , , , , , , , , , , , ,		T 1 (100)
TITLE NAME	TD Jenkins, andrew L.	☐ DELETE	3.1 TITLE 3.2 NAME			Change	Addition Addition
STREET ADDRESS	2818 ORANGE CENTER BL		3.2 NAME	ADDRESS			
CITY-SI-7IP	ORLANDO, FL 00000		3.4. CITY - 8				
THLE		DELETE	4.1 TITLE	71		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-7IP		T DE PE	4.4 CITY-S	Y-ZIP	***************************************	J	
THILE		☐ DELETE	5.1 TITLE			Change	Addition Addition
NAME CIRCLY ADDRESS			5.2 NAME	ADDOLEC			
STREET ADDRESS CITY-S1-ZIP			5.3 STREET 5.4 City-S				
TITLE		☐ DELETE	61 TITLE	. 211		☐ Change	Addition
NAME			6.2 NAME			_ •	•
STREET ADDRESS			6.3 STREET	ADDRESS			
PITY OF 7ID			64 PITY S	1			

14. I 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.

William M. Ellis

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

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**FILED** 

Feb 26 1997 8:00am

Secretary of State