

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 713750 (8)

1. Corporation Name
CHURCH OF CHRIST, INC.



Principal Place of Business
**1919 HARRELL ROAD
ORLANDO FL 32817**

Mailing Address
**1919 HARRELL ROAD
ORLANDO FL 32817**

3. Date Incorporated or Qualified
12/06/1967

3a. Date of Last Report
02/24/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

4. FEI Number
59-1161601

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STOLTZ, GERALD
7618 UNIVERSITY GRDN DR
WINTER PARK FL 32792**

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: Gerald S. Stoltz (NOTE: Registered Agent signature required when reinstating)
Date: 2/4/96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BRADMON, BEN	
STREET ADDRESS	14504 DARING AVENUE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOLTZ, GERALD	
STREET ADDRESS	7618 UNIVERSITY GRDN DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRACHT, LEON	
STREET ADDRESS	7773 RAVANA DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	STOLTZ, RON	
STREET ADDRESS	8800 MISHAWAKA AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GALARZA, RAY	
STREET ADDRESS	7720 GREVILLEA DR	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VARDEN STUART FITZGERALD
1.3 STREET ADDRESS	2515 BYRON STREET
1.4 CITY - ST - ZIP	ORLANDO, FL 32817
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Ray Galarza TREASURER Date: 2/4/96 Daytime Phone #: 282-6796

CR2E037 (12/95)