

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715303

(4)

1. Corporation Name

NATIONAL CHRISTIAN CHURCH, INC.



Principal Place of Business

Mailing Address

9740 NE 306TH CT
RT 19 6 MILES S SALT SPRINGS
FT MCCOY FL 32134
US9740 NE 306TH CT
P.O. BOX 1839
FT MCCOY FL 32134-1839
US3. Date Incorporated or Qualified
09/23/19683a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 4025 - 7th Terrace

Suite, Apt. #, etc.

22

City & State

23 St Petersburg, FL

Zip

24 33711

Country

25 USA

2a. Mailing Address

26 4025 - 7th Terrace

Suite, Apt. #, etc.

27

City & State

28 St Petersburg, FL

Zip

29 33711

Country

30 USA

4. FEI Number

NOT APPLICABLE

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POTITO, HELEN M
9740 NE 306TH CT
STATE ROAD 19)
FT MCCOY FL 32134

10. Name and Address of New Registered Agent

81 Name

Drucilla E. Bell, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

11447-65th Avenue North

83

Seminole, FL

84 City

Seminole,

FL

85 Zip Code

33712

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

Signature, to be signed by the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME POTITO, HELEN M
STREET ADDRESS 9740 NE 306TH CT
CITY - ST - ZIP FT MCCOY FL
☒ DELETETITLE VD
NAME GRAVES, GEORGE F
STREET ADDRESS RT 5 BOX 400
CITY - ST - ZIP SILVER SPRINGS FL
☐ DELETETITLE STD
NAME RYAN, JOHN A.
STREET ADDRESS 4545-22ND STREET NORTH
CITY - ST - ZIP ST. PETERSBURG FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☒ Addition
1.2 NAME John A. Ryan
1.3 STREET ADDRESS 4545-22nd Avenue Street No.
1.4 CITY - ST - ZIP St. Petersburg FL 337142.1 TITLE Vice President ☐ Change ☒ Addition
2.2 NAME Gilbert Peterson
2.3 STREET ADDRESS 4025 4th Terrace South
2.4 CITY - ST - ZIP St. Petersburg, FL 337713.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition
3.2 NAME Barbara Ryan
3.3 STREET ADDRESS 4545-22nd Street North
3.4 CITY - ST - ZIP St. Petersburg, FL 337144.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0002771

4/25/97

CR2E037 (9/96)