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NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #

(1)

GARD	EN CITY	CHURCH OF CH	irist, in	C.							(6) (5) (8) (1) (8			
Principal Place of Business Mailing Address									1 148111 1531		OD I HOUS DERNY D	BII BIBII BIBI	(ALLEN BIRIL HARL	
2707 DUNBAR ST. 2707 DUNBAR ST. 2611 AVENUE 1 FORT PIERCE FL 34947 FT. PIERCE FL 34947 US														
													ate of Last Report 05/01/1995	
2. Principal Place of Business 2a. Mailing Address									4. FEI Number				Applied For	
21 26									71-730	3662		🗖	Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of S	Status Desired	123		5 Additional Required	
City & State				City & State					6. Election Camp	aign Financing		\$5.0	0 May Be	
23			28		-T				Trust Fund Co			Adde	d to Fees	
Ζιρ 24		Country 25	-	Zip	_	untry			8. This corporation				. 199.032,	
9. Name and Address of Current				29 30 8egistered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent					
						81	Nam		.v. Hame and A	ATIDOD OI MAM	oAiste190	Agent		
SIDMON	JO NEAL O	ı												
SIRMONS, NEAL C. 2707 DUNBAR ST.						82 Street Add			(P.O. Box Numbe	r is Not Accepta	ble)			
FORT PIERCE FL 33450											 			
TONT	ILHOL I L C	N-100				83								
						84	City				FL	65 Zi	p Code	
familiar w	to the provisi red agent, or ith, and acce	ons of Sections £17.05 both, in the State of Fl of the obligations of, S	502 and 617 orida. Such ection 617.0	.1508, Florida Statut change was authoriz 503, Florida Statutes	es, the ab ed by the s.	ove-r corp	named oration	corporation's board o	on submits this stat of directors. I hereb	ement for the pu y accept the app	rooss of sh	anaina ita :	registered office I agent. I am	
SIGNATURE	Signature, typed	or printed name of registered as	gent and title if a	oplicable. (NC	TE: Registere	d Agen	it Bignatur	e required wh	en reinstating)		DATE			
12.		OFFICERS /	AND DIREC		13.					HANGES TO OF		DIRECTO	DRS IN 12	
TITLE	D			DELETE	1.1 1	ITLE		S/D				Change	Addition	
NAME	TILLMAN, WILLIE			1.2 N		2 NAME WO]		Wor	tham, Wil	lie				
STREE1 ADDRESS		ENUE F			1.3 9	TREET	ADDRESS		5 Iroquoi					
CITY-ST-ZIP		CE, FL 00000			1.4 (HTY-S	T-ZIP	Ft.	Pierce,	F1 34946				
TITLE	D			DELETE	2.1 1	ITLE		D				Change	Addition	
NAME		EL, MORRIS			2.21	IAME		Sir	mons, Jon	as W.			1	
STREET ADDRESS		RON TERRACE			2.3 9	TREET	ADDRESS		3 Juanita					
CITY-ST-ZIP		T. LUCIE FL				CITY - S	T-ZIP	Ft.	Pierce,	F1 34946				
TITLE	D	D0011 E4D1		☐ DELETE	3.1 T			T/D		_		Change	Addition	
NAME		DSON, EARL		3.21				Sin	mons, N eal	l C.				
STREET ADDRESS	3301 AV								7 Dunbar S					
CITY-ST-ZIP TITLE		T. PIERCE FL			3.4. CITY-ST-ZIP		Ft.	Pierc : ,]	<u>71 34947 </u>					
NAME	D	CAMMIV CD		Poereie				1				Change	☐ Addition	
STREET ADDRESS		, sammy sr Ænue h			4	AME	4000500	. [
CITY-ST-ZIP	FT PIER						ADDRESS	· [
TITLE	1 1 114-11	V- 16		DELETE	4.4 U	(TY-S)	1 - ZIP	+				Change	Addition	
NAME					5.2 N			1				- orange	L Addition	
STREET ADORESS							address	. [
CITY-ST-ZIP						(TY-S1								
TITLE			·	DELETE	6.1 T		4.11	+				Change	Addition	
NAME					6.2 N									
STREET ADDRESS							ADDRESS	. [
CITY-ST-ZIP					6.4 C	ITY-S1	r- ZIP							
14. I do hereb	y certify that	the information supplie	d with this f	ling is voluntarily furn	ished and	does	not a	alify for th	ne exemption state	d in Section 119	0.07(3)(k), Fic	rida Statut	es. I further	

certify that the information indicated on this annual report of 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: 🖊