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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 723237 (4)

1. Corporation Name
RAMONA PARK CHURCH, INC.



Principal Place of Business: U S 41 SOUTH PO BOX 1575 LAKE CITY FL 32056
Mailing Address: U S 41 SOUTH PO BOX 1575 LAKE CITY FL 32056-1575

3. Date Incorporated or Qualified: 04/21/1972
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 23-7209051
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: ENLOW, ELMER, U.S. 41 SOUTH, RT. 6, BOX 165-D, LAKE CITY FL 32055
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON JR., JAMES	1.2 NAME	<i>James Petry, James</i>
STREET ADDRESS	RT 9 BOX 578	1.3 STREET ADDRESS	<i>Rt 1 Box 276 RT 252 West</i>
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	<i>Wellborn FL 32094</i>
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENLOW, ELMER	2.2 NAME	<i>VP Johnson James JR</i>
STREET ADDRESS	RT 6 BOX 1650	2.3 STREET ADDRESS	<i>Rt 9 Box 576</i>
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	<i>Lake City FL 32024</i>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PAUL	3.2 NAME	
STREET ADDRESS	RT 4 BOX 390/ RT 90 WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUMMRICH, JERRY	4.2 NAME	
STREET ADDRESS	RT. 14, BOX 189 SUMMERHILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, PETRY	5.2 NAME	
STREET ADDRESS	RT 1 BOX 276/ RT 252 WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)

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