FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:56

DOCUMENT # 723266 (3)

1. Corporation Name

FIRST CHRISTIAN CHURCH OF CHASSAHOWITZKA, CHASSA HOWITZKA, FLORIDA, INC.

Principal Place of Business	Mailing Address
11275 RIVIERA DRIVE HOMOSASSA FL ~~32646-9032~~	11275 RIVIERA DRIVE HOMOSASSA FL ~~32646-9009~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1972
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2729773 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11275 South Riviera Dr.	26 11275 South Riviera Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34448 / Country 25	Zip 29 34448 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUNTER, ERNEST L. 10064 S. DEVON TERRACE HOMOSASSA FL ~~32646~~ 34448	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34448

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KALIS, ED	1.2 NAME	
STREET ADDRESS	7659 W MESA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	Deacon ☒ Change ☐ Addition
NAME	HUNTER, ERNEST	2.2 NAME	HUNTER, ERNEST
STREET ADDRESS	10064 S. DEVON TERRACE	2.3 STREET ADDRESS	10064 S. Devon Terrace
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	Homosassa, Fl. 34448
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	BLEDOSE, LINDSAY	3.2 NAME	BLEDSOE
STREET ADDRESS	18214 YELLOW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	GARBER, ROBERT	4.2 NAME	Treasurer Garber, Robert
STREET ADDRESS	~~1200 CYPRESS COVE CT. #10~~	4.3 STREET ADDRESS	8271 W. 248 Lot 110. 48th
CITY-ST-ZIP	~~INVERNESS FL~~	4.4 CITY-ST-ZIP	Bushnell, Fl. 33513
TITLE	C	5.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, THOMAS A.	5.2 NAME	Chairman Thomas A. Brown
STREET ADDRESS	10618 S. PITCHER POINT	5.3 STREET ADDRESS	4331 W. Oakdawn St.
CITY-ST-ZIP	HOMOSASSA, FL. 32646	5.4 CITY-ST-ZIP	Lecanto, Fl. 34461
TITLE	VC	6.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, HOWARD	6.2 NAME	
STREET ADDRESS	11415 S. MARY ELLEN TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	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)(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: Thomas A. Brown — 1/30/95 — (904) 382-2557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS A. BROWN

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