

**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 # 723524 (5)  
1. Corporation Name  
FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business: 11756 CEDAR ST. DUNNELLON FL 32630  
Mailing Address: P.O. BOX 1789 DUNNELLON FL 32630

3. Date Incorporated or Qualified: 05/26/1972  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-4210052 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 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  
OWEN, LYNN L.  
7775 SARAZEN DR.  
CITRUS SPRINGS FL 34434

10. Name and Address of New Registered Agent  
81 Name: Beverly Massaro  
82 Street Address (P.O. Box Number is Not Acceptable): 14151 NW 97th Pl.  
83  
84 City: Morriston FL 85 Zip Code: 32668

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: *Beverly L Massaro* Beverly L MASSARO DATE: 4-29-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GADDES, WILLIAM R	
STREET ADDRESS	2103 W. ARBUTUS DR.	
CITY-ST-ZIP	CITRUS SPRINGS FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, LYNN	
STREET ADDRESS	7775 SARAZEN DR	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LEROY	
STREET ADDRESS	S.W. RAIN TREE ST (21596)	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OWEN, HOWARD	
STREET ADDRESS	4583 S. LEGEND DR., P.O. BOX 1044	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	
TITLE	D Chairman	<input type="checkbox"/> DELETE
NAME	SEATON, VICTOR T.	
STREET ADDRESS	9331-A SW 84TH TERR.	
CITY-ST-ZIP	OCALA FL 34481	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHOEMAKER, CLYDE	
STREET ADDRESS	6400 MASON CREEK RD.	
CITY-ST-ZIP	HOMOSASSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beverly Massaro	
1.3 STREET ADDRESS	14151 NW 97th Pl.	
1.4 CITY-ST-ZIP	Morriston, FL 32668	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Massaro	
2.3 STREET ADDRESS	14151 NW 97th Pl.	
2.4 CITY-ST-ZIP	Morriston, FL 32668	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Derek Ashworth	
3.3 STREET ADDRESS	1912 Blackhawk Place.	
3.4 CITY-ST-ZIP	Citrus Spr, FL 34434	
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	200001877952	
5.3 STREET ADDRESS	-06/27/96--01044--005	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	100001877941	
6.3 STREET ADDRESS	-06/27/96--01044--005	
6.4 CITY-ST-ZIP	***708.75	

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: *Beverly L Massaro* DATE: 4-29-96 DAYTIME PHONE #: 352-489-8008

CR2E037 (12/95)

5/1/96