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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 723524 (5)  
1. Corporation Name  
FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, IN C.



Principal Place of Business Mailing Address  
11756 CEDAR ST. DUNNELLON FL 32630  
P.O. BOX 1789 DUNNELLON FL 34430-1789

3. Date Incorporated or Qualified 05/26/1972  
3a. Date of Last Report 05/01/1996

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

10. Name and Address of New Registered Agent

MASSARO, BEVERLY  
14151 NW 97TH PL  
MORRISTON FL 32668

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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 \_\_\_\_\_ 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	DT	1.1 TITLE	
NAME	MASSARO, BEVERLY	1.2 NAME	
STREET ADDRESS	14151 NW 97TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL 32668	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	
NAME	MASSARO, FRANK	2.2 NAME	
STREET ADDRESS	14151 NW 97TH PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTON FL 32668	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	DS
NAME	ASHWORTH, DEREK	3.2 NAME	ANNABELLE ROBERTS
STREET ADDRESS	1912 BLACKHAWK PLACE	3.3 STREET ADDRESS	10316 70TH AVE
CITY-ST-ZIP	CITRES SPRING FL 34434	3.4 CITY-ST-ZIP	OCALA, FL 34470
TITLE	D	4.1 TITLE	
NAME	SEATON, VICTOR T.	4.2 NAME	
STREET ADDRESS	9331-A SW 84TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE *Beverly Massaro* BEVERLY MASSARO 4-29-97 352-465-0884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065060

CR2E037 (9/96)