

FILE NOW: FILING FEE IS \$61.25

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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723524 (5)

1. Corporation Name
FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, INC.



Principal Place of Business 11756 CEDAR ST. DUNNELLON FL 34430	Mailing Address P.O. BOX 1789 DUNNELLON FL 34430
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3. Date Incorporated or Qualified 05/26/1972	
4. FEI Number 59-4210052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MASSARO, BEVERLY
14151 NW 97TH PL
MORRISTON FL 32668**

10. Name and Address of New Registered Agent

81 Name Helen Behymer
82 Street Address (P.O. Box Number is Not Acceptable) 18330 SW 57th Place
83
84 City Dunnellon
85 Zip Code FL 34432

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 Helen Behymer Helen Behymer 4/27/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME MASSARO, BEVERLY	
STREET ADDRESS 14151 NW 97TH PL	
CITY-ST-ZIP MORRISTON FL 32668	
TITLE DVC	<input checked="" type="checkbox"/> DELETE
NAME MASSARO, FRANK	
STREET ADDRESS 14151 NW 97TH PL	
CITY-ST-ZIP MORRISTON FL 32668	
TITLE DS	<input type="checkbox"/> DELETE
NAME ROBERTS, ANNABELLE	
STREET ADDRESS 1031 NE 70TH AVE	
CITY-ST-ZIP OCALA FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SEATON, VICTOR T.	
STREET ADDRESS 8331-A SW 84TH TERR.	
CITY-ST-ZIP OCALA FL 34481	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Behymer, Helen	
1.3 STREET ADDRESS 18330 SW 57th Place	
1.4 CITY-ST-ZIP Dunnellon, FL 34432	
2.1 TITLE DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Yandell, Donald	
2.3 STREET ADDRESS 6261 SW 102nd St. Road	
2.4 CITY-ST-ZIP Ocala, FL 34474	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Collins, Elmer	
4.3 STREET ADDRESS 11285 SW 75th Terrace	
4.4 CITY-ST-ZIP Ocala, FL 34476	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 [Signature] [Signature] 4/27/98 723524 1998

CR2E037 (10/97)