FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # 723524

Corporation Name

FIRST CHRISTIAN CHURCH OF DUNNELLON, FLORIDA, IN C

Principal Place of Business 11756 CEDAR ST. DUNNELLON FL 32630 Mailing Address

P.O. BOX 1789 DUNNELLON FL 32630

FILED Mar 16, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address	+1-1	3. Date Incorporated or Qualifed		
1 12401	SW RD #484	26 12401 5W R	0"484	05/26/1972		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-4210052	Not Applicable	
City & State	NELLON FL	City & State 28 DUNNELLON	FL	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
344	32 25 USA	29 34432 30	USA	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
B1 Name						
DEDVATED LIFETAL O				eet Address (P.O. Box Number is Not Acceptable)		
BEHYMER, HELEN			82 Street Ad	6261 SW 102 ST. RD.	1	
18330 SW 57TH PLACE			83			
DUNNELLON FL 34432						
			84 City Q	CALA FL	85 Zip Code 34476	
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 familier with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Ware, typed or printed name of legistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ONTE: Registered Agent signature required when reinstating)						
	Signature, typed or printed name of egistered agent a			ADDITIONS/CHANGES TO OFFICERS ANI		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
TITLE	T	DELETÉ	1.1 TITLE		L] Criange L. Addition	
NAME	Behymer, Helen		1.2 NAME		1	
STREET ADDRESS	18330 SW 57TH PLACE		1.3 STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432		1.4 CITY-ST-ZIP		7-4-	
TITLE	DVC	☐ DELETE	2.1 TITLE	PCD	Change Addition	
NAME	YANDELL, DONALD		2.2 NAME			
STREET ADDRESS	6261 SW 102ND ST RD	j	2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34474		2.4 CITY-ST-ZIP	OCALA, FL 34476		
TITLE	DS	☐ DELETE	3.1 TITLE	S/10 ·	Change	
NAME	ROBERTS, ANNABELLE		3.2 NAME			
STREET ADDRESS	ARREST STATES AND		3.3 STREET ADDRESS		ļ	
CITY-ST-ZIP	OCALA FL		3.4. CITY-ST-ZIP			
TITLE	D	∑ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	COLLINS, ELMER	• •	4. 2 NAME		1	
STREET ADDRESS			4.3 STREET ADDRESS			
	OCALA FL 34476		4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	OUALA 1 L 344/0	☐ DELETE	5.1 TITLE	do .	Change Addition	
			17	WENDER DATE	<i>,</i> , ,	
NAME			5.3 STREET ADDRESS	4851 SW 160TH ST	700-	
STREET ADDRESS			5.4 CITY-ST-ZIP	Daniel El 31/2	125-	
CITY-ST-ZIP		☐ DELETE		DUNNELLON, FL 344	Change Addition	
TITLE				<i>/</i> -	,	
NAME			6.3 STREET ADDRESS	MILLS, RICHARD 6535 SW 90TH TERRACE		
STREET ADDRESS			0.3 STREET ADDRESS	6535 SW 90TH TERRACE	<i>F</i>	
OFFICE AT AID	i		6.4 CITY+ST-ZIP	<i>ハレみょん ドレ ミルチタ!</i>	ŀ	

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 of an attachment with an address, with all other like empowered.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 15, 499 352-861-0598

Daytime Phone #

(2E037 (11/98)