

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 13 PM 2:14

DOCUMENT # 724497 (3)

1. Corporation Name
THE CARPENTER'S HOME CHURCH, INC.

Principal Place of Business Mailing Address
**777 CARPENTER'S WAY
LAKELAND FL 33804-2020
US** **P.O. BOX 995020
LAKELAND FL 33809-9921
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1972	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1140771	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent PEREZ, JOSEPH A. 777 CARPENTER'S WAY LAKELAND FL 33809	10. Name and Address of New Registered Agent
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MALLORY	1.2 NAME	
STREET ADDRESS	707 CARPENTER'S WAY #43	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLIS, DAVID	2.2 NAME	
STREET ADDRESS	707 CARPENTER'S WAY #37	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTHE, ERNIE	3.2 NAME	
STREET ADDRESS	4112 STAFFORDSHIRE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOE	4.2 NAME	
STREET ADDRESS	5426 HARBOR DR., E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUREY, ROBERT	5.2 NAME	
STREET ADDRESS	828 WINNIE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADER, KARL	6.2 NAME	
STREET ADDRESS	1328 EDGEWATER BEACH	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND 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)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. A. Perez 1-16-95 813-859-1477
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J.A. Perez, Secretary/Treasurer