

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 724497 (3)

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

Principal Place of Business
**777 CARPENTER'S WAY
LAKELAND FL 33804-2020
US**

Mailing Address
**P.O. BOX 995020
LAKELAND FL 33809-3921
US**



3. Date Incorporated or Qualified
10/06/1972

3a. Date of Last Report
02/13/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1140771		Applied For <input type="checkbox"/> Not Applicable	
21		26		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MALLORY	12 NAME	
STREET ADDRESS	707 CARPENTER'S WAY #43	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGLIS, DAVID	22 NAME	
STREET ADDRESS	707 CARPENTER'S WAY #37	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	24 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROTHE, ERNIE	32 NAME	Jody Willis
STREET ADDRESS	4112 STAFFORDSHIRE	33 STREET ADDRESS	1612 Williams Rd.
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Plant City, FL 33566
TITLE	ST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JOE	42 NAME	
STREET ADDRESS	5426 HARBOR DR., E.	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUREY, ROBERT	52 NAME	
STREET ADDRESS	828 WINNIE LANE	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	54 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADER, KARL	62 NAME	
STREET ADDRESS	1328 EDGEWATER BEACH	63 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	64 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)(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: Joseph A. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96
Date

941-859-1477x320
Daytime Phone #

CR2E037 (12/95)