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FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724497 (3)
 1. Corporation Name
Carpenter's Home Church, Inc.

Principal Place of Business 777 Carpenter's Way Lakeland, FL 33809 US	Mailing Address P.O. Box 995020 Lakeland, FL 33804-2020 US
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1140771	Applied For Not Applicable
State, Apt. #, etc. 22	State, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 10/06/1972	3a. Date of Last Report 04/24/1996
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (Type or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

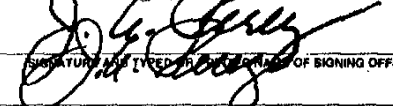
TITLE D	NAME Johnson, Mallory	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 707 Carpenter's Way #43	CITY-ST-ZIP Lakeland, FL 33809	
TITLE D	NAME Inglis, David	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 707 Carpenter's Way #37	CITY-ST-ZIP Lakeland, FL 33809	
TITLE D	NAME Willis, Jody	DELETED <input type="checkbox"/>
STREET ADDRESS 1612 Williams Road	CITY-ST-ZIP Plant City, FL 33565	
TITLE ST	NAME Perez, Joe	DELETED <input type="checkbox"/>
STREET ADDRESS 5426 Harbor Dr., E.	CITY-ST-ZIP Lakeland, FL 33809	
TITLE D	NAME Mourey, Robert	DELETED <input checked="" type="checkbox"/>
STREET ADDRESS 828 Winnie Lane	CITY-ST-ZIP Lakeland, FL 33813	
TITLE CD	NAME Strader, Karl	DELETED <input type="checkbox"/>
STREET ADDRESS 1328 Edgewater Beach	CITY-ST-ZIP Lakeland, FL 33809	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	NAME Norm Baker	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 STREET ADDRESS 39424 Elgin Drive	1.3 CITY-ST-ZIP Zephyrhills, FL 33540	
2.1 TITLE D	NAME Greg Gillman	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 STREET ADDRESS 1025 Avon Avenue	2.3 CITY-ST-ZIP Lakeland, FL 33801	
3.1 TITLE D	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 STREET ADDRESS	3.3 CITY-ST-ZIP	
4.1 TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 STREET ADDRESS	4.3 CITY-ST-ZIP	
5.1 TITLE D	NAME John Miller	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 STREET ADDRESS 3508 Sydney Road	5.3 CITY-ST-ZIP Plant City, FL 33567	
6.1 TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 STREET ADDRESS	6.3 CITY-ST-ZIP	
6.4 TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.5 STREET ADDRESS	6.6 CITY-ST-ZIP	

RW 4-17-97

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:  **J.A. Perez** **4-25-97** **941-859-1477**
 SIGNATURE DATE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)