

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 726416 (1)

1. Corporation Name
BELL SHOALS CHURCH OF CHRIST, INC.



Principal Place of Business: 2908 BELL SHOALS ROAD BRANDON FL 33511
Mailing Address: 2908 BELL SHOALS ROAD BRANDON FL 33511

3. Date Incorporated or Qualified: 05/17/1973
3a. Date of Last Report: 04/13/1995

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
2908 BELL SHOALS ROAD BRANDON FL 33511		2908 BELL SHOALS ROAD BRANDON FL 33511		59-2365850		<input type="checkbox"/>		<input type="checkbox"/>		Applied For		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		\$8.75 Additional Fee Required	
City & State		City & State		Zip		Zip		Country		Country		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country		Zip		Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLOUSE, FRED 18733 BOYETTE RD. LITHIA FL 33547				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: *Fred Clouse* *Jul Clouse* DATE: 4/28/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MADDOX, GUY			1.2 NAME			
STREET ADDRESS	1701 SOUTH WIND DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33510			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLOUSE, FRED			2.2 NAME			
STREET ADDRESS	18733 BOYETTE RD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LITHIA FL 33547			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOK, HAROLD			3.2 NAME			
STREET ADDRESS	11001 KENBROOK DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, CLINTON			4.2 NAME			
STREET ADDRESS	2315 GREENLAWN ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	BRNADON FL 33511			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMM, GLEN			5.2 NAME			
STREET ADDRESS	3902 BUTTERNUT CT.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BRNADON FL 33511			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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: *Harold Cook* *Harold Cook* DATE: 4/28/96 DAYTIME PHONE #: 813-685-0750

CR2E037 (12/95)