FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

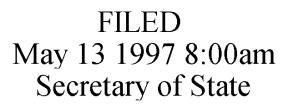
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

726416

(1)



BELL S	MENT # 7264* SHOALS CHURCH OF CH							
2908 BELL SHOALS ROAD 2908 BELL SHOALS ROAD BRANDON FL 33511 BRANDON FL 33511-7612					,			
					3. Date incorporated or Qualified 05/17/1973		te of Last R 05/01/19	
	Place of Business	2a. Mailing Address			FA 000F0F0		plied For t Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
City & Star	te	City & State			Election Campaign Financing		Fee Re	
23		28			Trust Fund Contribution	D_	\$5.00 Added	
Zip	Country Zip 25 29		Gountry 30	y	8. This corporation has liability for intangible tax under 6. 199.032, Florida Statutes			
	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Re	gistered /	\gent	
CLOUSE, FRED								
18733 BOYETTE RD.			82		dress (P.O. Box Number is Not Acceptable)			
LITHIA FL 33547								
			84	City		FI	85 Zip	Code
SIGNATURE	·	agent and title if applicable. (NX AND DIRECTORS DELETE	TE: Registered Ag 13. 1.1 TITLE	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND	DIRECTOR Change	RS IN 12
TITLE NAME	PD CLOUSE ERED	CLOUSE, FRED					C CHAIRDS	L.J Addition
STREET ADDRESS	18733 BOYETTE RD. LITHIA FL 33547		1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			T-1 (2)	
TITLE NAME	TD COOK, HAROLD	DELETE 2.1					Change	Addition
STREET ADDRESS			2.2 NAME 2.3 STREE	T ADDRESS				
CITY-ST-ZIP	RIVERVIEW FL 33569		2. 4 CITY-	ST-ZIP				
TITLE	SD THOMAS CHAITON	DELETE 3.11					☐ Change	Addition
NAME STREET ADDRESS	THOMAS, CLINTON 2315 GREENLAWN ST		3.2 NAME 3.3 STREE	T ADDRESS				
CITY-ST-ZIP	BRNADON FL 33511		3 4. CITY -	1				
TITLE	VD	☐ DELETE	4.1 TITLE	. [Change	☐ Addition
NAME STREET ADORESS	HAMM, GLEN 3902 BUTTERNUT CT.		4. 2 NAME	T ADDRESS				
CITY-ST-ZIP	BRNADON FL 33511 440		4.4 CITY-	4				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	į.				
STREET ADDRESS City-St-zip			5.3 STREE 5.4 CITY-	T ADDRESS				
TIME		☐ DELETE	6.1 TITLE	G11EIF	y y y y y y	····	Change	Addition
NAME			62 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	Shu partifu that the information number	41 - 4 - 40 - 41 - 400 - 4 - 4 - 4 - 4 - 4 - 4	6.4 CITY		d in Section 110 07/2VI). Elevide Statute	1.0	- 4/5 11 1	46

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 chapted, or on an attachment with an address.