

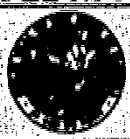
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **729895** (3)
1. Corporation Name
**FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD
D, FLORIDA**

Principal Place of Business Mailing Address
F ST. CLOUD, FLORIDA **F ST. CLOUD, FLORIDA**
1122 KY. AVENUE **1122 KY. AVENUE**
ST. CLOUD FL 34769 **ST. CLOUD FL 34769**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1974** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1794135** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PRICKETT, GLENN E.
1122 KY AVE.
34769

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 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD **CAMPBELL, MILTON**
1122 KY AVENUE
ST. CLOUD FL
S **LUP, JOHN**
1122 KY AVENUE
ST. CLOUD FL
D **HEARN, FRED**
1122 KY AVE
ST CLOUD FL
T **WILSON, BRUCE J**
1122 KY AVE.
ST. CLOUD FL
D **MUTTER, JOHN**
1122 KY AVENUE
ST. CLOUD FL
T **PRICKETT, GLENN**
1122 KY AVE
ST CLOUD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **C** Change Addition
1.2 NAME **Tom Butner**
1.3 STREET ADDRESS **1122 Ky. Ave**
1.4 CITY-ST-ZIP **St Cloud FL 34769**
2.1 TITLE **S** Change Addition
2.2 NAME **George Beatty**
2.3 STREET ADDRESS **1122 Ky. Ave**
2.4 CITY-ST-ZIP **St Cloud FL 34769**
3.1 TITLE **Tr** Change Addition
3.2 NAME **Jim Dunham**
3.3 STREET ADDRESS **1122 Ky. Ave**
3.4 CITY-ST-ZIP **St Cloud FL 34769**
4.1 TITLE **Tr** Change Addition
4.2 NAME **Bruce Wilson, Jr**
4.3 STREET ADDRESS **1122 Ky. Ave**
4.4 CITY-ST-ZIP **St Cloud FL 34769**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **T, Tr** Change Addition
6.2 NAME **Glenn E. Prickett**
6.3 STREET ADDRESS **1122 Ky. Ave**
6.4 CITY-ST-ZIP **St Cloud FL 34769**

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 110.07(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: Glenn E. Prickett DATE: 4/20/95 DAYTIME PHONE: (407) 892-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR