

# 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 # 729895 (3)**

1. Corporation Name  
**FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD, FLORIDA**



Principal Place of Business <b>F ST. CLOUD, FLORIDA 1122 KY. AVENUE ST. CLOUD FL 34769</b>	Mailing Address <b>F ST. CLOUD, FLORIDA 1122 KY. AVENUE ST. CLOUD FL 34769</b>
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3. Date Incorporated or Qualified <b>06/07/1974</b>	3a. Date of Last Report <b>04/26/1995</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>59-1794135</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. 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  
**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	
85. Zip Code	<b>FL</b>

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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTNER, TOM</b>	
STREET ADDRESS	<b>1122 KY AVENUE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>S TR</b>	<input type="checkbox"/> DELETE
NAME	<b>BEATTY, GEORGE</b>	
STREET ADDRESS	<b>1122 KY AVENUE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>TR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUNHAM, JIM</b>	
STREET ADDRESS	<b>1122 KY AVE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	<b>TR</b>	<input type="checkbox"/> DELETE
NAME	<b>WILSON, BRUCE J</b>	
STREET ADDRESS	<b>1122 KY AVE.</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MUTTER, JOHN</b>	
STREET ADDRESS	<b>1122 KY AVENUE</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	<b>TTR</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICKETT, GLENN E.</b>	
STREET ADDRESS	<b>1122 KY AVE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Glenn E. Prickett 4/30/96 (407) 892-5511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)