## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 14 1997 8:00am

Secretary of State

Change

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

F ST. CLOUD, FLORIDA 1122 KY, AVENUE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

729895

(3)

Mailing Address

F ST. CLOUD, FLORIDA

1122 KY. AVENUE

## FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD, FLORIDA

51. CLOUD PL 34/69				\$1. CLOUD FL 34708					<u> </u>	D-/	1	Orto al	T	i			
										3.	3. Date Incorporated or Qualified 06/07/1974 05/01/1996						port 16
2. Principal Place of Business					2a, Mailing Address					4.	FEIN	Number <b>59-1794135</b>				App	lied For
21					26							09-1784100			,1		Applicable
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					5.	Certi	ificate of Status Desire	ed				dditional
22					City & State							<del></del>				e Rec	·
City & State	θ			28	} <sub>1</sub>					6.		tion Campaign Financ t Fund Contribution	ing				May Be Fees
Zip	Country				Zip Cou			ntry	ntry 8. This corporation			corporation has liabil	ity for i	intangible	tak und	ler s.	199.032,
24		25		29					Florida Statutes Yes 💟 No								
	9. Name	and	Address of Curre	nt Regi	tered Agen	t		10. Name and Address of New Registered Agent							Agent		
								81	Name								
	tt, Glenn	E.			8			82	32 Street Address (P.O. Box Number is Not Acceptable)								
1122 KY	Y AVE.																
34769								83									İ
								84	City						85	Zip Ç	ode
									,					<u>FL</u>		<u>,</u>	
11. Pursuant (	to the provisi egistered ag	ons d ant. d	of Sections 617.050 or both, in the State	02 and 6 e of Flori	317.1508, Flo ida. Such ch	orida Statute anoe was a	os the at uthorize	oove d by	e-named o	corporation pration's	on sub board	mits this statement fo of directors. I hereby	r the p accer	ourpose of ot the app	changi ointmer	ng its it as r	registered epistered
agent. I a	m f <b>am</b> iliar wit	h, ar	d accept the oblig	ations c	f, Section 61	17.0503, Flo	rida Stat	utes	S. '								
SIGNATURE _	O		ed name of registered ag-			41637	<b>6</b> 33		int signature r					DATE			
12.	Signature, typed	or pinn	OFFICERS AN			(NOTE	13.	Age	int signature r			HONS/CHANGES TO	OFFIC		DIREC	TORS	IN 12
TITLE	C					DELETE	1.1 11	TLE		۷			CATAL	2271071112	<b>Y</b> Cha		Addition
NAME	BUTNER	l. TO	М				1.2 NA	ME		milt	~	Campbell				_	
STREET ADDRESS	1122 KY						1.8 ST	REET	ADDRESS	1122	Ku	. Ave.					
CITY-ST-ZIP	ST. CLO	UD	FL				1.4 CI	TY-S	T-ZIP	Sn	Usi	Lampbell Ave ud FL					
TITLE	STR					DELETE	2.1 TI	TLF.							Cha	nge	Addition
NAME	BEATTY	, GE	ORGE				2.2 NA	ME									
STREET ADDRESS	1122 KY	٨V	enue		2.8 5			2.8 STREET ADDRESS									
CiTY-ST-ZIP	ST. CLO	UD	FL				2.40	ITY-S	ST-ZIP								
TITLE	TR					DELETE	3.1 1	LE							☐ Cha	nge	Addition
NAME	WILSON						3.2 N/	ME									
STREET ADDRESS	1122 KY		_				3.3 S1	REET	ADDRESS								
CITY-ST-ZIP	ST. CLO	UD	FL				3.4. C	ITY - S	ST-ZIP								
TITLE	TTR					DELETE	4.1 TI	TLE							☐ Cha	nge	Addition
NAME			ELENN E.				4. 2 N	AME									
STREET ADDRESS	1122 KY						4.3 ST	REET	ADDRESS								
CITY-ST-ZIP	ST CLO	UD 1	₹				4.4 CI	TY-S	T-ZIP								
TITLE	-					DELETE	5.1 TI	r L E							☐ Cha	nge	Addition
NAME							5.2 NA	ME									į
STREET ADDRESS							5.3 ST	REET	ADDRESS								

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 ennual 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 autochiert with an address.

6.1 TITLE

6.2 NAME

DELETE