

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90111 031 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729895**

1. Corporation Name

**FIRST CHRISTIAN CHURCH, INCORPORATED OF ST. CLOUD  
D, FLORIDA**

Principal Place of Business

F ST. CLOUD, FLORIDA  
 1122 KY. AVENUE  
 ST. CLOUD FL 34769

Mailing Address

F ST. CLOUD, FLORIDA  
 1122 KY. AVENUE  
 ST. CLOUD FL 34769

560736-90073-3



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/07/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1794135	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PRICKETT, GLENN E. 1122 KY AVE. 34769				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
FL					
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, MILTON		1.2 NAME	Bryan McFadden	
STREET ADDRESS	1122 KY AVE.		1.3 STREET ADDRESS	1122 KY. AVE.	
CITY-ST-ZIP	ST. CLOUD FL		1.4 CITY-ST-ZIP	ST. CLOUD, FL	
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, GEORGE		2.2 NAME		
STREET ADDRESS	1122 KY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRUCE J		3.2 NAME		
STREET ADDRESS	1122 KY AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TTR	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICKETT, GLENN E.		4.2 NAME		
STREET ADDRESS	1122 KY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD FL		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Glenn E. Prickett* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Glenn E. Prickett** **4/28/99** **(407) 892-5511**

CR2E037 (11/98)