


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>730103</b> (9)			
1. Corporation Name <b>FIRST CHRISTIAN CHURCH OF LONGWOOD, INC.</b>			
Principal Place of Business <b>1400 E E WILLIAMSON ROAD LONGWOOD FL 32750</b>		Mailing Address <b>1400 E E WILLIAMSON ROAD LONGWOOD FL 32750-7132</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified <b>06/28/1974</b>		3a. Date of Last Report <b>04/15/1996</b>	
4. FEI Number <b>59-2115064</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALTON, JAMES H. 1414 MINK DR. APOPKA FL 32703		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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 reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	PASCIONI, GARY		
STREET ADDRESS	361 BAHIA CT		
CITY-ST-ZIP	LONGWOOD FL		
TITLE	CD	<input type="checkbox"/> DELETE	
NAME	WALTON, JAMES H		
STREET ADDRESS	1414 WINK DRIVE		
CITY-ST-ZIP	APOPKA FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	WOOD, ED.		
STREET ADDRESS	1040 MOJAVE TRAIL		
CITY-ST-ZIP	MAITLAND FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	PASCIONI, MARILYN		
STREET ADDRESS	361 BAHIA CT		
CITY-ST-ZIP	LONGWOOD FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	LUCAS Baird		
1.3 STREET ADDRESS	367 E. Tullis		
1.4 CITY-ST-ZIP	Longwood, FL 32750		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	JAMES WALTON		
2.3 STREET ADDRESS	1414 MINK DR		
2.4 CITY-ST-ZIP	APOPKA FL 32703		
3.1 TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Buddy Harris		
3.3 STREET ADDRESS	1400 E.E. Williamson Rd		
3.4 CITY-ST-ZIP	Longwood, FL 32750		
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 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19 97 407-884-4464

Date Daytime Phone # 0014023

CP2E037 (9/96)