

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

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730103 (9)**

1. Corporation Name  
**FIRST CHRISTIAN CHURCH OF LONGWOOD, INC.**



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</b>
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3. Date Incorporated or Qualified <b>06/28/1974</b>		
4. FEI Number <b>59-2115064</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" 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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**WALTON, JAMES H.  
1414 MINK DR.  
APOPKA FL 32703**

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

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: *James H. Walton VP* DATE: **2-16-98**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BAIRD, LUCAS</b>
STREET ADDRESS	<b>367 E TULLIS</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>WALTON, JAMES</b>
STREET ADDRESS	<b>1414 WINK DRIVE</b>
CITY-ST-ZIP	<b>APOPKA FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>HARRIS, BUDDY</b>
STREET ADDRESS	<b>1400 E.E. WILLIAMSON RD</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PASCIONI, MARILYN</b>
STREET ADDRESS	<b>361 BAHIA CT</b>
CITY-ST-ZIP	<b>LONGWOOD FL</b>
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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Johnson, Bob</b>
1.3 STREET ADDRESS	<b>150 Hacienda Dr</b>
1.4 CITY-ST-ZIP	<b>Winter Springs Fla</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MAHAFFEY, Wickey</b>
2.3 STREET ADDRESS	<b>217 main rd</b>
2.4 CITY-ST-ZIP	<b>Lake Mary, Fla</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Owen, David</b>
3.3 STREET ADDRESS	<b>213 temple ave</b>
3.4 CITY-ST-ZIP	<b>Fern Park FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EDwards, Larry</b>
4.3 STREET ADDRESS	<b>181 Tarrytown Trail</b>
4.4 CITY-ST-ZIP	<b>Longwood, Fla</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Pascioni, Gary</b>
5.3 STREET ADDRESS	<b>361 Bahia Ct</b>
5.4 CITY-ST-ZIP	<b>Longwood, Fla</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WALTON, Duane</b>
6.3 STREET ADDRESS	<b>819 N. Lake Pleasant Rd.</b>
6.4 CITY-ST-ZIP	<b>Apopka, Fla</b>

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.

SIGNATURE: *[Signature]* DATE: **2-16-98** **407-884-4864**

CR2E037 (10/97)