

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731841 (3)
1. Corporation Name
FIRST CHRISTIAN CHURCH OF STUART, INC.

Principal Place of Business Mailing Address
25 N.E. DIXIE HIGHWAY STUART FL 34994

3. Date Incorporated or Qualified 02/10/1975
3a. Date of Last Report 03/25/1994
4. FEI Number 59-1656131
5. Certificate of Status Desired [] \$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [x] \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [x] No

2. Principal Place of Business 2a. Mailing Address
21 26
22 27
23 28
24 25 29 30

9. Name and Address of Current Registered Agent
DROPCHIK, PAUL
3744 SE SEAWARD ST.
STUART FL 34997

10. Name and Address of New Registered Agent
81 Name MEDZAROS, JACK
82 Street Address (P.O. Box Number is Not Acceptable) 3 PEPPER ST
83
84 City JENSEN BEACH FL 85 Zip Code 34957

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Juan Mayerson* 12 Feb 1995
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

TITLE	SO
NAME	HAINES, EDWARD R.
STREET ADDRESS	292 SW GROVE AVE
CITY - ST - ZIP	PORT ST. LUCIE FL
TITLE	TDE
NAME	DAMERON, RALPH
STREET ADDRESS	2780 NE HICKORY RIDGE
CITY - ST - ZIP	JENSEN BEACH FL
TITLE	PDC
NAME	DROPCHIK, PAUL
STREET ADDRESS	3744 SE SEAWARD ST.
CITY - ST - ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	[x] Change [] Addition
1.2 NAME	ED HILLS	
1.3 STREET ADDRESS	475 ALL AMERICAN BLVD	
1.4 CITY - ST - ZIP	PALM CITY, FL 34990	
2.1 TITLE	TR	[x] Change [] Addition
2.2 NAME	JUAN HILL	
2.3 STREET ADDRESS	1604 NE DIXIE HWY #4-107	
2.4 CITY - ST - ZIP	JENSEN BEACH, FL 34957	
3.1 TITLE	TR	[x] Change [] Addition
3.2 NAME	JOHN BARCLAY	
3.3 STREET ADDRESS	1548 SUTTON AVE	
3.4 CITY - ST - ZIP	JENSEN BEACH, FL 34957	
4.1 TITLE		[] Change [] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		[] Change [] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		[] Change [] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

4/3/95 PHJ

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)(a), 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: *Philip J. Sameck* PHILIP J. SAMECK 2/13/95 (402) 693-0606
Signature and typed or printed name of signing officer or director (Date) (Telephone FTS 8)