

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: 25 N.E. DIXIE HIGHWAY, STUART FL 34994
Mailing Address: 25 N.E. DIXIE HIGHWAY, STUART FL 34994

3. Date Incorporated or Qualified: 02/10/1975
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 59-1656131
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [] No [x]

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESZAROS, JACK
3 PEPPER ST.
JENSEN BEACH FL 34957

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: *Jack Meszaros*

2-4-96

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	TR HILL, ED	<input type="checkbox"/> DELETE
NAME	475 AU AMERICAN BLVD.	
STREET ADDRESS	PALM CITY FL 34990	
CITY-ST-ZIP		
TITLE	TR HILL, JOAN	<input type="checkbox"/> DELETE
NAME	1600 NE DIXIE HWY #4-107	
STREET ADDRESS	JENSEN BEACH FL 34957	
CITY-ST-ZIP		
TITLE	TR BARCLAY, JON	<input checked="" type="checkbox"/> DELETE
NAME	1548 SOTTONG AVE.	
STREET ADDRESS	JENSEN BEACH FL 34957	
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TR HILL, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spelling
2.2 NAME	1600 NE DIXIE HWY #4-107	
2.3 STREET ADDRESS	JENSEN BEACH FL 34957	
2.4 CITY-ST-ZIP		
3.1 TITLE	TR Philip J. SAMECK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1108 S.E. THERESA ST.	
3.3 STREET ADDRESS	STUART, FL 34996	
3.4 CITY-ST-ZIP		
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	800001737168	
5.3 STREET ADDRESS	03/08/96-01056-018	
5.4 CITY-ST-ZIP	***61.25	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 2-4-96 407 692 0606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time #

CR2E037 (12/95)