

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 077 *****8.75
 04-14-1999 90152 078 *****61.25

0075360

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 731841

1. Corporation Name

FIRST CHRISTIAN CHURCH OF STUART, INC.

Principal Place of Business

Mailing Address

25 N.E. DIXIE HIGHWAY
 STUART FL 34994

25 N.E. DIXIE HIGHWAY
 STUART FL 34994



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/10/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1656131	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAMECK, PHILIP J 1108 THERESA ST STUART FL 34996				81 Name LEROY BOETTCHER			
				82 Street Address (P.O. Box Number is Not Acceptable) 971 SW HUNT CLUB CIRCLE			
				83			
				84 City PALM CITY FL 85 Zip Code 34990			

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: Leroy Boettcher, TREASURER DATE: 3/20/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, ED	1.2 NAME	LEROY BOETTCHER
STREET ADDRESS	475 AU AMERICAN BLVD.	1.3 STREET ADDRESS	971 S.W. HUNT CLUB CIRCLE
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, JOHN	2.2 NAME	LESTER BRIT
STREET ADDRESS	1600 NE DIXIE HWY #4-107	2.3 STREET ADDRESS	2021 SW OLYMPIC CLUB TERRACE
CITY-ST-ZIP	JENSEN BEACH FL 34957	2.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	TR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMECK, PHILIP J	3.2 NAME	ROBERT MOSELY
STREET ADDRESS	1108 S.E. THERESA ST.	3.3 STREET ADDRESS	2133 QUENST CIRCLE
CITY-ST-ZIP	STUART FL 34996	3.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	
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: Leroy Boettcher, TREASURER DATE: 3/20/99 581-692-0606
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRZE037 (11/98)