

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732620
1. Corporation Name

THE MANGO CHURCH OF CHRIST, INC.

Principal Place of Business

3905 ORANGE STREET
MANGO, FL 33550
US

Mailing Address

P. O. BOX 396
MANGO, FL 33550
US

3. Date Incorporated or Qualified

04/30/1975

3a. Date of Last Report

4/25/95

2. Principal Place of Business

21 3905 ORANGE STREET

Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. BOX 396

Suite, Apt. #, etc.

4. FEI Number

59-2875621

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

23 MANGO, FL

Zip

33550

Country

25 HILLSBOROUGH

Zip

33550

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Falkner, James W.

82 Street Address (P.O. Box Number is Not Acceptable)

14016 Wolcott Dr.

83

84 City

Tampa

FL

85 Zip Code
33624

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

Signature, typed or printed name of registered agent and title if applicable

James W. Falkner, Registered Agent 4/4/96

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☒ DELETE
NAME Rainey, Larry
STREET ADDRESS 114 Circle Hill Dr.
CITY-ST-ZIP Brandon, FL 33510

TITLE DS ☐ DELETE
NAME Stutzman, Harold
STREET ADDRESS 306 Tighe
CITY-ST-ZIP Seffner, FL 33584 NO CHANGE

TITLE D ☐ DELETE
NAME Larsen, Dale R.
STREET ADDRESS 818 Bluegrass lane
CITY-ST-ZIP Brandon, FL 33510 NEW ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE DT ☐ Change ☒ Addition
12 NAME Falkner, James W.
13 STREET ADDRESS 14016 Wolcott Dr.
14 CITY-ST-ZIP Tampa, FL 33624

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS (Note new address at left)
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Falkner, Registered Agent

4/4/96 (813) 968-3878

CR2E037 (12/95)