FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

733253

ORMOND BEACH FIRST CHRISTIAN CHURCH (DISCIPLES O

F CHRIST) INC.					
Principal Place of Business		Mailing Address		I 1881II 18800 11380 IIII 10 11801 BELLOD	ilit Albii Albii Giête Bibai bibii Albii indi
(DISCIPLES OF CHRIST) 50 SEVILLE STREET ORMOND BEACH FL 32174-7647		(DISCIPLES OF CHRIST) 50 SEVILLE STREET ORMOND BEACH FL 32174-7647			
UNIMONU DE	NOTIFE SELTETION	OTHIOTIC DENOTTE SET		3. Date Incorporated or Qualified 07/09/1975	3a. Date of Last Report 02/06/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 23-7438179	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25	Zip 3	Country 0	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes No
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Re	gistered Agent
MARTIN, BETTY L 395 S. ATLANTIC AVE. #204 ORMOND BCH FL 32176			81 Name Martin, Betty L. 82 Street Address (P.O. Box Number is Not Acceptable) 395 S. Atlantic AV #204 0rmond Beach, Fl 32176		
			B4 City		FL 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, typed or printed fame of registered agent		Registered Agent signature rec	oured when reinstating	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TITLE	CD	₹ DELETE	1.1 TITLE	CD	Change Addition
NAME	RAMEY, DAVID M.	,,	1.2 NAME	Genny Simms	
STREET ADDRESS	ROUTE 4, 744 PRINGLE RD.		1.3 STREET ADDRESS	307 Hopkins Av.	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY - ST - ZIP	Holly Hill, Fl 32117	
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	HIBBS, ROBERT		22 NAME		
STREET ADDRESS	2803 GLENWOOD AVE		23 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32		2 4 CITY-ST-ZIP		
TITLE	SD	□ DELETE	3.1 TITLE		Change Addition
NAME	WALTERS,JAN		3.2 NAME		
STREET ADDRESS	28 SUNNY BCG. DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH. FL	[] NELETE	3.4 CITY-ST-ZIP		Change Addition
TITLE	TD	DELETE	4.1 TITLE		Change Addition
NAME	MARTIN, BETTY		4. 2 NAME		
STREET ADDRESS	395 S ATLANTIC, #204		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL	DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	SD COLFAIN AND DDFD	[Thereis	5 1 TITLE		
NAME	COLEMAN, MILDRED		5 2 NAME		
STREET ADDRESS	3 FAIR OAKS CIRLCE		5 3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	CD CLAUDIA		6.1 TITLE		
NAME	DANCHIK, CLAUDIA		6.2 NAME		
STREET ADDRESS	3041 ROLLINS AVENUE		6 3 STREET ADDRESS		

DAYTONA BEACH FL

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: Betty Martin Betty Mortin

677-1121