

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 733253 (9)**

1. Corporation Name

ORMOND BEACH FIRST CHRISTIAN CHURCH (DISCIPLES OF CHRIST) INC.

Principal Place of Business

Mailing Address

**(DISCIPLES OF CHRIST)
50 SEVILLE STREET
ORMOND BEACH FL 32174-7647****(DISCIPLES OF CHRIST)
50 SEVILLE STREET
ORMOND BEACH FL 32174-7647**3. Date Incorporated or Qualified
07/09/19753a. Date of Last Report
03/21/19964. FEI Number
23-7438179Applied For
Not Applicable5. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, BETTY L
395 S. ATLANTIC AVE. #204
ORMOND BCH FL 32176**

81 Name

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

83

84 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **SIMMS, GENNY**
CITY - ST - ZIP **307 HOPKINS AVE**
HOLLY HILL FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **V**
STREET ADDRESS **HIBBS, ROBERT**
CITY - ST - ZIP **2803 GLENWOOD AVE**
NEW SMYRNA BEACH FL 321882.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WALTERS, JAN**
CITY - ST - ZIP **28 SUNNY BCG. DR.**
ORMOND BCH. FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MARTIN, BETTY**
CITY - ST - ZIP **395 S ATLANTIC, #204**
ORMOND BCH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **COLEMAN, MILDRED**
CITY - ST - ZIP **3 FAIR OAKS CIRLCE**
ORMOND BEACH FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME **CD**
STREET ADDRESS **DANCHIK, CLAUDIA**
CITY - ST - ZIP **3041 ROLLINS AVENUE**
DAYTONA BEACH FL6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE: **Betty L. Martin, TREAS.** 1-12-97 677-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0003301

CR2E037 (9/96)