

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:11

DOCUMENT # **739769** (8)
1. Corporation Name
LARGO CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
C/O HERBERT LANGFORD SR.
445 S. CLEARWATER-LARGO RD.
LARGO FL 34640 C/O HERBERT LANGFORD SR.
445 S. CLEARWATER-LARGO RD.
LARGO FL 34640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/29/1977** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-6557224** 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
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status \$68.75 Supplemental
Fee Not Required
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 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LANGFORD, HERBERT SR.
102 LAKE AVE.
LARGO FL 34641

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	LANGFORD, HERBERT SR.
STREET ADDRESS	102 LAKE AVE.
CITY-ST-ZIP	LARGO FL
TITLE	D
NAME	LAURENCE, O.R.
STREET ADDRESS	2292 LANCASTER DRIVE
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	WILKINS, CLYDE C.
STREET ADDRESS	3218 DRYER AVENUE S.W.
CITY-ST-ZIP	LARGO FL
TITLE	SD
NAME	MILLER, KEITH
STREET ADDRESS	11189 LONGHILL DR
CITY-ST-ZIP	SEMINOLE FL
TITLE	D
NAME	SMIPSON, CHARLIE
STREET ADDRESS	1570 E DRUID RD
CITY-ST-ZIP	CLEARWATER FL
TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NO LONGER DIRECTOR
3.3 STREET ADDRESS	MOVED
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NO LONGER DIRECTOR
5.3 STREET ADDRESS	MOVED
5.4 CITY-ST-ZIP	
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert E. Langford, Sr.*
HERBERT LANGFORD SR

1/14/95 213 331-4700