


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 739769 (8) 1. Corporation Name LARGO CHURCH OF CHRIST, INC.			
Principal Place of Business C/O HERBERT LANGFORD SR. 445 S. CLEARWATER-LARGO RD. LARGO FL 34640		Mailing Address C/O HERBERT LANGFORD SR. 445 S. CLEARWATER-LARGO RD. LARGO FL 33770-3238	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/29/1977		3a. Date of Last Report 04/17/1996 04/02/97	
4. FEI Number 59-6557224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MORRIS, ROY E. 16919 1ST STREET E, APT E N REDINGTON BCH FL 33700 <i>Deering, Michael</i> 2333 Feather		10. Name and Address of New Registered Agent 81 Name MICHAEL DEERING 82 Street Address (P.O. Box Number is Not Acceptable) 2333 FEATHER SOUND DR. #E303 83 84 City CLEARWATER FL 85 Zip Code 34622	
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 <i>Michael E. Deering, Treasurer</i> DATE 4/28/97 Signature, typed or printed name of registered agent and title if applicable (None: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD NAME MORRIS, ROY STREET ADDRESS 16919 1ST STREET E, APT E CITY-ST-ZIP N REDINGTON BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD 1.2 NAME MICHAEL DEERING 1.3 STREET ADDRESS 2333 FEATHER SOUND DR. #E303 1.4 CITY-ST-ZIP CLEARWATER, FL. 34622	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MCNEILL, JAMES STREET ADDRESS 7901 40TH AVE N CITY-ST-ZIP ST PETERSBURG FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME MILLER, KEITH STREET ADDRESS 11189 LONGHILL DR CITY-ST-ZIP SEMINOLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME DOBBS, GLENN STREET ADDRESS 3328 WHISPERING DR S CITY-ST-ZIP LARGO FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WILLARD, DUNCAN STREET ADDRESS 603 SPENCER AVE CITY-ST-ZIP CLEARWATER FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/02/97 Daytime Phone # 545-4070	

CR2E037 (9/96)