

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746420 (9)
1. Corporation Name
TWENTY-SEVENTH AVENUE CHURCH OF CHRIST, INC.



Principal Place of Business
**514 S W 27TH AVENUE
POST OFFICE BOX 6146
OCALA FL 32678-3146**

Mailing Address
**514 S W 27TH AVENUE
POST OFFICE BOX 6146
OCALA FL 32678-3146**

3. Date Incorporated or Qualified
03/23/1979

3a. Date of Last Report
04/04/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

4. FEI Number
05-0030720

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

9. Name and Address of Current Registered Agent

**LEWIS, ROBERT M.
9 CEDAR TREE PASS
OCALA FL 34472**

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 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, RALPH	
STREET ADDRESS	5332 N.W. 27TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BREWTON, DAVID N SR	
STREET ADDRESS	2311 NW 7TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAMES, RICHARD RAY	
STREET ADDRESS	2822 N.E. 4TH COURT	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LINDSEY, ALPHONSO	
STREET ADDRESS	7 BROOK LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, RALPH	
STREET ADDRESS	5332 NW 27TH AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, GENE	
STREET ADDRESS	9559 BAHIA ROAD	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN W. JACKSON	
1.3 STREET ADDRESS	10120 N.W. Hwy 318	
1.4 CITY-ST-ZIP	Reddick, Florida 32686	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joe L. Lee	
5.3 STREET ADDRESS	516 SW 27 AVE	
5.4 CITY-ST-ZIP	OCALA, FL 34474	
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 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: **Robert M. Lewis Robert M. Lewis 2-13-96 680-0626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)