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03-02-1999 90164 049 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746944

1. Corporation Name

EIGHTY SIXTH AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business

12235 86TH AVENUE NORTH
POB 3438
SEMINOLE FL 34642
US

Mailing Address

POST OFFICE BOX 3438
POB 3438
SEMINOLE FL 34642
US



2. Principal Place of Business

21 11025 131st Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Largo FL

27 City & State

23 33772 USA

28 City & State

24 Zip Country

29 Zip Country

25

29

30

3. Date Incorporated or Qualified

04/27/1979

4. FEI Number

59-6610713

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

9. Name and Address of Current Registered Agent

BINGMAN, MARBETH
10570 75TH STREET NORTH
LARGO FL 34647

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 PD
NAME HIMES, DAVID
STREET ADDRESS 11716 108TH AVENUE NORTH
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE VD
NAME GRAVES, SAMUEL
STREET ADDRESS 9426 OAKWOOD LN
CITY-ST-ZIP SEMINOLE FL

☐ DELETE

TITLE TD
NAME BARNES, ROBERT
STREET ADDRESS 2540 WILSON
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PO/Tr
Graves, Samuel
9426 Oakwood LN
Seminole FL 33776

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

~~Hollingsworth, Del~~

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VD/Tr
Hollingsworth, Del
10909 109th Street North
Largo, FL 33778

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Tr
Bingman, Melvin
9595 119th Way North
Seminole, FL 33772

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Tr
Mullin, William
8873 79th Place North
Seminole, FL 33777

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Samuel Graves* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-99

Date

927-595-2696

Daytime Phone #

CR2E037 (1/98)