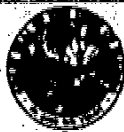


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746982 (8)

1. Corporation Name

CHURCH OF CHRIST AT CARROLLWOOD, INC.

Principal Place of Business

Mailing Address

**13345 CASEY RD
TAMPA FL 33624**

**13345 CASEY RD
TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1979

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2872352

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

21. Suite, Apt. #, etc.

2a. Suite, Apt. #, etc.

23. City & State

2b. City & State

24. Zip

Country

2a. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLOAN, RICHARD DANA
18404 CITATION STREET
LUTZ FL 33549**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TR**
NAME **STEPHENSON, J R, SR**
STREET ADDRESS **109 S 17TH STREET**
CITY - ST - ZIP **DADE CITY, FL 00000 33525**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **14139 177th STREET**
1.4 CITY - ST - ZIP

TITLE **TR**
NAME **SLOAN, RICHARD DANA**
STREET ADDRESS **18404 CITATION STREET**
CITY - ST - ZIP **LUTZ FL 33549**

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

TITLE **TR**
NAME **MITCHELL, L WAYNE**
STREET ADDRESS **14419 WADSWORTH DR**
CITY - ST - ZIP **ODESSA FL 33558**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TR**
4.3 STREET ADDRESS **JESSE CURTIS POPE**
4.4 CITY - ST - ZIP **9403 ALAN BROOKS ST.**
TEMPLE TERRACE, FL 33637

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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:

Jesse Curtis Pope
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
Jesse Curtis Pope

4/25/95
(Date)

988-5791
(Daytime Phone #)