FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
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 — 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:

9. Name and Address of Current Registered Agent

SLOAN, RICHARD DANA
18404 CITATION STREET
LUTZ FL 33549

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TR	1.1 TITLE		☑ Change ☐ Addition
NAME	STEPHENSON, J R, SR	1.2 NAME		
STREET ADDRESS	109 S 17TH STREET	1.3 STREET ADDRESS	14139 17th Street	
CITY-ST-ZIP	DADE CITY, FL 00000 33525	1.4 CITY-ST-ZIP		
TITLE	TR	2.1 TITLE		☐ Change ☐ Addition
NAME	SLOAN, RICHARD DANA	2.2 NAME		
STREET ADDRESS	18404 CITATION STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP		
TITLE	TR	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, L WAYNE	3.2 NAME		
STREET ADDRESS	14419 WADSWORTH DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	TR	☐ Change ☑ Addition
NAME		4.2 NAME	Jesse Curtis Pope	
STREET ADDRESS		4.3 STREET ADDRESS	9403 Alanbrooke St.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Temple Terrace, FL 33637	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Jesse Curtis Pope 4/25/95 988-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jesse Curtis Pope