

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746982 (8)

1. Corporation Name

CHURCH OF CHRIST AT CARROLLWOOD, INC.

Principal Place of Business

13345 CASEY RD
TAMPA FL 33624

Mailing Address

13345 CASEY RD
TAMPA FL 33624



3. Date Incorporated or Qualified
04/30/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TR
NAME STEPHENSON, J R, SR
STREET ADDRESS 14139 17TH STREET
CITY-ST-ZIP DADE CITY, FL 00000 ☐ DELETE

1.1 TITLE
1.2 NAME ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP DADE CITY, FL 33525 ☐ Change ☐ Addition

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

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

TITLE TR
NAME MITCHELL, L WAYNE
STREET ADDRESS 14419 WADSWORTH DR
CITY-ST-ZIP ODESSA FL 33556 ☐ DELETE

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

TITLE TR
NAME POPE, JESSE CURTIS
STREET ADDRESS 9403 ALABBROOKE ST.
CITY-ST-ZIP TEMPLE TERRACE FL ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 9403 ALABBROOKE ST.
4.4 CITY-ST-ZIP TEMPLE TERRACE, FL 33637 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

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:

Jesse Curtis Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

(813) 988-5191

Daytime Phone #

CR2E037 (12/95)