

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 # **749227** (5)
1. Corporation Name
THE FIRST CHRISTIAN CHURCH OF BAYONET POINT, INC



Principal Place of Business: **11820 NATURE TR. PT RICHEY FL 34668**
Mailing Address: **11820 NATURE TR. PT RICHEY FL 34668**

3. Date Incorporated or Qualified: **10/08/1979**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-2181131	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**HOOK, TERRY A
11611 NATURE TR
PT RICHEY FL 34668**

81. Name: **Oscar Escobedo**
82. Street Address (P.O. Box Number is Not Acceptable): **9216 Duffer Ct.**
83. City: **Hudson** FL 85. Zip Code: **34667**

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Oscar Escobedo* DATE: **4-3-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: SARNO, MODESTO	1.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: ESCOBEDO, OSCAR
STREET ADDRESS: 4240 REVERE CIR.	CITY-ST-ZIP: NEW PT. RICHEY FL	1.2 NAME: ESCOBEDO, OSCAR	1.3 STREET ADDRESS: 9216 DUFFER CT.
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: BALL, DANIEL	1.4 CITY-ST-ZIP: HUDSON, FL 34667	2.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9232 DRESDEN LN.	CITY-ST-ZIP: PT. RICHEY FL	2.2 NAME: BALL, DANIEL	2.3 STREET ADDRESS: 9232 DRESDEN LN.
TITLE: SD <input type="checkbox"/> DELETE	NAME: BABBINO, BILLY	2.4 CITY-ST-ZIP: PORT RICHEY, FL 34668	3.1 TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 11312 STONEYBROOK PATH	CITY-ST-ZIP: PT. RICHEY FL	3.2 NAME: WILMOTH, JOAN	3.3 STREET ADDRESS: 8214 Monarch Drive
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: HOOK, TERRY	3.4 CITY-ST-ZIP: PORT RICHEY, FL. 34668	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11611 NATURE TR	CITY-ST-ZIP: PT. RICHEY FL	4.2 NAME: DP By Bank 32796 4/8/96	4.3 STREET ADDRESS: JR
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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: *Oscar Escobedo* **OSCAR ESCOBEDO** DATE: **3-18-96** TELEPHONE: **1-813-868-3309**

CR2E037 (12/95)