


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90187 040 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 750673

1. Corporation Name
FIFTY-THIRD AVENUE CHURCH OF CHRIST, INC.

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|--|--|
| Principal Place of Business 3412 53RD AVE E BRADENTON FL 34203 | Mailing Address 3412 53RD AVE E BRADENTON FL 34203 |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/18/1980 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-1984751 |
| 22 | 27 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Country 29 | Country 30 | |

9. Name and Address of Current Registered Agent

WALLACE, JAMES M.
420 12TH ST W.
BRADENTON FL 33505

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | MOORE, WILEY | |
| STREET ADDRESS | 5111-3RD AVE.DRIVE,N.W. | |
| CITY-ST-ZIP | BRADENTON, FL 00000 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JONES, CHARLES F | |
| STREET ADDRESS | 4736 LONGLEAF LANE | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | RICKARD, LINFORD C | |
| STREET ADDRESS | 930 N CONRAD AVE | |
| CITY-ST-ZIP | SARASOTA, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ALLEN, JAMES | |
| STREET ADDRESS | 3308 56TH TERRACE E. | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GERBITZ, EDWARD J | |
| STREET ADDRESS | 3454 YUNGE AVE. | |
| CITY-ST-ZIP | SARASOTA FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HOWE, A W | |
| STREET ADDRESS | 335 BENEVA ROAD | |
| CITY-ST-ZIP | SARASOTA FL 34232 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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: Signature Required 4-14-99 941 753-4153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)