## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

751121

(5)

MT. ARLEY CHURCH OF CHRIST, INC.												
Principal Place	e of Business	Mailing Addre	988					1187 81811 81	#11 <b>W</b> TWIT WI	614 81841 81841 1844		
LOT 36. SKYVIEW TRAILER PARK COCOA FL 32922  LOT 36. SKYVIEW TRAILER FC COCOA FL 32922												
							3. Date Incorporated or Qualified 02/20/1980	3a. Da	te of Las 08/12/	t Report 1996		
2. Principal P	lace of Business	2a. Mailing Ad	ddress		*****		4. FEI Number	-1		Applied For	$\beth$	
21		26					59-6000522			Not Applicable	₽	
Suite, Apt.	#, etc.	Sulte, Apt	. #, etc.				5. Certificate of Status Desired			5 Additional	İ	
City & State		27   City & Sta	to	<u></u>						Required	-	
<del>_</del>	8	28	ιθ				6. Election Campaign Financing Trust Fund Contribution	П		00 May Be ed to Fees		
Zip	Country	Zip	···	Count	lrv		This corporation has liability for	=-				
24	25	29	Ì	30	.,				] No	n 6. 199,002,		
	9, Name and Address of Curren						10. Name and Address of New Re	glatered /	Agent		J	
				8	H N	lame					7	
WASHIN	igton, ester			8	12 S	Street Addre	ess (P.O. Box Number is Not Acceptal	ole)			-{	
	SKYVIEW TRAILER PARK											
COCOA	FL 32922			8	13							
				8	4 C	City			85 2	ip Code	-	
						•		<u> </u>		,	_	
11. Pursuant i	to the provisions of Sections 617.050; egistered agent, or both, in the State	2 and 617.1508, Flo of Florida. Such ch	orida Statute lange was a	is, the abo uthorized I	by the	amed corp e corporati	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of ot the app	changin ointment	g its registered as registered	1	
agent. I a	m familiar with, and accept the obliga	tions of, Section 6	17.0503, Flo	rida Statut	les.	•						
SIGNATURE .	Signature, typed or printed name of registered age	ar and Glas Managers I.	niote.	Duelston d A				DATE			.	
12.	OFFICERS AND		(NOIE	13.	Qen s	ignature requit	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12	⊣ം	
TITLE	DP		DELETE	1.1 TITLE	<u> </u>	··			Chan			
NAME	WASHINGTON, ESTER			1.2 NAM	E							
STREET ADDRESS	LOT 36 SKYVIEW TRL. PK			1.3 STRE	ET ADD	DRESS					F037	
CITY-ST-ZIP	COCOA FL			1.4 CITY	- ST- ZI	IP .					_ \subseteq	
TITLE	D DELETE			2.1 TITLE					Chan	ge 🔲 Addition		
NAME	WASHINGTON, ERNEST			2.2 NAM	ΙE	- 1						
STREET ADDRESS	LOT 36 SKYVIEW TRL. PK			2.3 STRE	EET ADD	DRESS						
CITY-ST-ZIP	COCOA FL			2.4 CITY		!IP			-		_	
TITLE	D SUBSTANT SOSOOIS	U	DELETE	3.1 TITLE	_				∐ Chan	ge L Addition	4	
NAME	SHIPMAN, FREDDIE			3.2 NAMI	-	1						
STREET ADDRESS	LOT 36 SKYVIEW TRL. PK			3.3 STRE		ì					- {	
CITY-ST-ZIP	COCOA FL		DELETE	3.4. CITY 4.1 TITLE		tiP			Chang	ie Addition	$\exists$	
TITLE			ULLETE	1	-	į			L CHAIN	le 🗀 Munitivi	`	
NAME STREET ADDRESS		. 1		4. 2 NAM 4.3 STRE		2000		_				
CITY-ST-ZIP				4.4 CITY							T	
TITLE -			DELETE	5.1 TITLE		<del>"                                     </del>			Chang	ge Addition		
NAME				5.2 NAM								
STREET ADDRESS				5.3 STRE		DRESS						
CITY-ST-ZIP				5.4 City		Y Y						
TITLE			DELETE	6.1 TITLE					Chang	e Addition	i i	
NAME				6.2 NAMI	E						1	
STREET ADDRESS				6.3 STRE	ET ADD	DAESS						

6.4 CITY-ST-ZIP 14. I do 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

**FILED** 

Jun 19 1997 8:00am

Secretary of State