

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:45

DOCUMENT # 758585 (4)

1. Corporation Name

LIGHT OF CHRIST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

22 SUMMIT RIDGE DRIVE
P O BOX 1274
TAHLEQUAH OK 74464

22 SUMMIT RIDGE DRIVE
P O BOX 1274
TAHLEQUAH OK 74464

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1981

3a. Date of Last Report

01/26/1994

4. FEI Number

73-1135021

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKINS, EMMA DOROTHEA
140 BOSPHORUS
TAMPA FL 33606

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	BRADLEY, GRACE B
STREET ADDRESS	104 SUMMIT RIDGE
CITY-ST-ZIP	TAHLEQUAH OK
TITLE	TD
NAME	HARRA, CHARLES C
STREET ADDRESS	101 SUMMIT RIDGE
CITY-ST-ZIP	TAHLEQUAH OK
TITLE	PD
NAME	PARRISH, CAROL
STREET ADDRESS	101 SUMMIT RIDGE
CITY-ST-ZIP	TAHLEQUAH OK
TITLE	VD
NAME	EGGEN, JOHN
STREET ADDRESS	304 SUMMIT RIDGE DR
CITY-ST-ZIP	TAHLEQUAH OK
TITLE	D
NAME	PETERSON, NINETTE
STREET ADDRESS	606 SUMMIT RIDGE DR
CITY-ST-ZIP	TAHLEQUAH OK
TITLE	D
NAME	EVERETT, BARBARA
STREET ADDRESS	11 SUMMIT RIDGE DR
CITY-ST-ZIP	TAHLEQUAH OK

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 acknowledgment.

SIGNATURE:

Charles C Harra, Treas. 1/12/95 918.456.3421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR