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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

(5)

MINWAY BOAD CHIERCH OF CHRIST INC

	T HOAD CHUNCH OF CHI				
Principal Place	of Business	Mailing Address		4 (BOSE SOOS OILE) TEIS IONO USID	står Billis milli dimit midde årmit öddet ismi
3040 WEST MII FT PIERCE FL		3040 WEST MIDWAY ROAD FT PIERCE FL 34981-4955			
				3. Date Incorporated or Qualified 06/29/1981	3s. Date of Last Report 02/02/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<del> </del>	59-2296773	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	······································	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25		30]		Yes No
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Re	glatered Agent
			WI Name	•	
BUCKH			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	E DELANO		63		
PUHI S	T LUCIE FL 34952				
			84 City		FL 85 Zip Code
11. Pursuant	o the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered
office or readent. La	agistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was au ations of, Section 617.0503, Flor	ithorized by the corpora ida Statutes.	ation's board or directors, i hereby accep	ot the appointment as registered
SIGNATURE	•				
	Signature, typed or printed name of registered age		Registered Agent signature requ		DAYE
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PD HAMIEV OCCUPT	Last Dereit	1.1 TITLE		C) Clarific C Modition
NAME	HAWLEY, ROBERT 11180 ORANGE AVE.		d A MALAE		
STREET ADORESS	III IOU UNANGE AYE.		1.2 NAME		
			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	T neiete	1.3 STREET ADDRESS 1.4 City-St-Zip		Channe Dárkition
TITLE	FT PIERCE FL SO	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 TITLE	MANAGEMENT (1981)	☐ Change ☐ Addition
TITLE NAME	FT PIERCE FL SO HALL, ALAN	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change Addition
TITLE NAME STREET ADDRESS	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE FORT PIERCE FL	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE FORT PIERCE FL VD		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE FORT PIERCE FL VD BUCKHAM, ED		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE FORT PIERCE FL VD BUCKHAM, ED 2409 SE DELANO RD		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
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TITLE NAME SIREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	FT PIERCE FL SD HALL, ALAN 5985 WHIPOORWILL LANE FORT PIERCE FL VD BUCKHAM, ED 2409 SE DELANO RD PORT ST LUCIE FL TD		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.3 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	CLAUDE M. HOBBS. JR.	Change Addition
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SIGNATURE: **FEBRUARY 14, 1997** 

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 confortation or the receiver or trustee employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if manged, or on an adachment with in address.