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 # 762517 (1)

1. Corporation Name

BELLEVIEW CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
12355 SE HWY 441 P O BOX 1557 BELLEVIEW FL 32620	12355 SE HWY 441 P O BOX 1557 BELLEVIEW FL 32620

3. Date Incorporated or Qualified: 03/19/1982

3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 59-2421786 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, HAROLD E.
4700 SE HWY. 42
SUMMERFIELD FL 32691

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHERRY, FOY		1.2 NAME		
STREET ADDRESS	5924 SE 119TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSS, ALAN		2.2 NAME		
STREET ADDRESS	6106 SE 126TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		2.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPURLOCK, DON		3.2 NAME		
STREET ADDRESS	10863 SE 45TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEVIEW FL		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, HAROLD		4.2 NAME		
STREET ADDRESS	4700 SE HWY. 42		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMPTON, ROY		5.2 NAME		
STREET ADDRESS	8842 SE 143RD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: Harold E Brown Harold Brown 5-12-95 (352347-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)