

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 # 764556 (7)
1. Corporation Name
MARINER BOULEVARD CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
**11025 RIPLEY STREET
P.O. BOX 3503
SPRING HILL FL 34606**

3. Date Incorporated or Qualified **08/13/1982** 3a. Date of Last Report **02/06/1995**
4. FEI Number **59-2868614** 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**
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 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**MCGEEHEE, GUNTELLE
7413 SOUTH PINEHURST DR.
SPRING HILL FL**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDIC, BILL	1.2 NAME	FL 34609
STREET ADDRESS	12020 DUDA ROAD	1.3 STREET ADDRESS	Johnson, Charles
CITY-ST-ZIP	HUDSON, FL 34667	1.4 CITY-ST-ZIP	1477 N. Fayetteville Dr. Spring Hill
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELVILLE, CHARLES M.	2.2 NAME	Perry, Kim
STREET ADDRESS	11480 GENTER DR.	2.3 STREET ADDRESS	Mary's Fish Camp, Spring Hill, FL 34607
CITY-ST-ZIP	SPRING HILL, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE <input checked="" type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNER, GEORGE	3.2 NAME	Megronigle, Richard
STREET ADDRESS	338 KILLINGER AVE.	3.3 STREET ADDRESS	2305 Willow Branch Av.
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Lutz, FL 33549
TITLE	DST <input type="checkbox"/> DELETE <input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEEHEE, GUNTELLE	4.2 NAME	
STREET ADDRESS	7413 SOUTH PINEHURST DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE <input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gunelle M. McGehee* **GUNTELLE MCGEEHEE** **2/5/1996 (352) 683, 6366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)