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4595 B-3032-KC

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PH 3:16

DOCUMENT # 765401 (5)

1. Corporation Name
NETTLES ISLAND CHURCH, INC.

Principal Place of Business Mailing Address
9801 S. OCEAN DRIVE JENSEN BEACH FL 34957 **9801 S. OCEAN DRIVE JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1982** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2370339** 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 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**LITTMAN, CURTIS A.
1855 S. KANNER HWY., SUITE #6
STUART FL 34994**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~0~~ HOLBROOK, FRAN 9801 S. OCEAN DR. #124-1 JENSEN BCH. FL
~~0~~ JENSEN, CHRIS 9801 S. OCEAN DR. #62.2 JENSEN BCH FL
~~0~~ WAH, WILLIAM 9801 S. OCEAN DR. #820-2 JENSEN BCH. FL
~~0~~ VEENSTRA, GR. 9801 S. OCEAN DR. #809-2 JENSEN BCH FL
~~0~~ LAWRENCE, WALTER 9801 S. OCEAN DR. #634-2 JENSEN BCH FL
~~0~~ FAHRENHOLTZ, ROBERT 9801 S. OCEAN DR. #1054-2 JENSEN BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE SD 1.2 NAME Charlotte Jistice 72-2 1.3 STREET ADDRESS 9801 S. Ocean Dr 1.4 CITY-ST-ZIP Jensen Beach, Fl Change Addition
2.1 TITLE VP 2.2 NAME Fred Hollebeek 2.3 STREET ADDRESS 680-2 9801 S. Ocean Dr 2.4 CITY-ST-ZIP Jensen Beach, Fl Change Addition
3.1 TITLE TD 3.2 NAME Elmer Kell 1095-2 3.3 STREET ADDRESS 9801 S Ocean Dr 3.4 CITY-ST-ZIP Jensen Beach Fl. Change Addition
4.1 TITLE D 4.2 NAME William Haase 4.3 STREET ADDRESS 9801 S Ocean Dr #1010-2 4.4 CITY-ST-ZIP Jensen Beach Fl Change Addition
5.1 TITLE D 5.2 NAME Robert Prentice 882-2 5.3 STREET ADDRESS 9801 S Ocean Dr 5.4 CITY-ST-ZIP Jensen Beach, Fl Change Addition
6.1 TITLE D 6.2 NAME Doris Fish 6.3 STREET ADDRESS 9801 S Ocean Dr #628-2 6.4 CITY-ST-ZIP Jensen Beach Fl Change Addition

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)(b), Florida Statute. 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 017, Florida Statute; and that my name appears in Block 12 or Block 13 or Block 14, as changed, on an attachment with an address.

SIGNATURE: Elmer Kell trans 3-23-95 229-0538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.