


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 765401 (5)
1. Corporation Name
NETTLES ISLAND CHURCH, INC.



Principal Place of Business 9801 S. OCEAN DRIVE JENSEN BEACH FL 34957	Mailing Address 9801 S. OCEAN DRIVE JENSEN BEACH FL 34957-2364
---	--

3. Date Incorporated or Qualified 10/11/1982	3a. Date of Last Report 02/27/1996
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
---	---	-------------	-------------

4. FEI Number 59-2370339	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	85. Zip Code
			FL	

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

12. OFFICERS AND DIRECTORS

TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	JISTICE, CHARLOTTE
STREET ADDRESS	9801 S OCEAN DR
CITY-ST-ZIP	JENSEN BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERT, ISAACS
STREET ADDRESS	9801 S OCEAN DRIVE #1210-2
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WAH, WILLIAM
STREET ADDRESS	9801 S. OCEAN DR. #926-2
CITY-ST-ZIP	JENSEN BCH. FL
TITLE	P <input type="checkbox"/> DELETE
NAME	VEENSTRA, GIL
STREET ADDRESS	9801 S. OCEAN DR. #809-2
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRENTICE, ROBERT
STREET ADDRESS	9801 S OCEAN DR 882-2
CITY-ST-ZIP	JENSEN BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FISH, DORIS
STREET ADDRESS	9801 S OCEAN DR #626-2
CITY-ST-ZIP	JENSEN BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE BOUMA
1.2 NAME	
1.3 STREET ADDRESS	9801 S. OCEAN DRIVE #259-2
1.4 CITY-ST-ZIP	JENSEN BCH. FL 34957
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	P FRED HOLLFBEEK
6.3 STREET ADDRESS	9801 S. OCEAN DRIVE #626-2
6.4 CITY-ST-ZIP	JENSEN BCH. FL 34957

14. I do hereby certify that the information supplied with this filing 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 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.

CR2E037 (9/96)