

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 766330 (5)
1. Corporation Name
THE CHURCH OF CHRIST IN NORTH LABELLE, INC.Principal Place of Business
871 N. RIVER ROAD
P.O. BOX 781
LABELLE FL 33935-7781
Mailing Address
871 N. RIVER ROAD
P.O. BOX 781
LABELLE FL 33935-6061

3. Date Incorporated or Qualified 12/28/1982	3a. Date of Last Report 01/26/1996
4. FEI Number 59-6584956	Applied For 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 type="checkbox"/> 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

DAVIS, WALTON
871 N. RIVER RD.
P.O. BOX 781
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name	HERBERT H. BRASWELL		
82 Street Address (P.O. Box Number is Not Acceptable)	1280 IVAN BLVD. of Church of Christ		
83	P.O. Box 2640 LaBelle FL. 33935		
84 City	LaBelle	85 FL	86 Zip Code 33935

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 617.0803, Florida Statutes.

SIGNATURE

Herbert H. Braswell

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/97

12. OFFICERS AND DIRECTORS

TITLE	PDTR	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, ROGER	
STREET ADDRESS	PARK AND YAUN, P. O. BOX 67	
CITY-ST-ZIP	MOORE HAVEN FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, WALTON	
STREET ADDRESS	871 N. RIVER RD.	
CITY-ST-ZIP	LABELLE FL	
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	ALBERT OUTCALT	
STREET ADDRESS	2125 BURTON AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Herbert H. Braswell	
1.3 STREET ADDRESS	1280 Ivan Blvd.	
1.4 CITY-ST-ZIP	LaBelle, FL 33935	
2.1 TITLE	VDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Roger McKee	
2.3 STREET ADDRESS	Park and Yaun PO Box 67	
2.4 CITY-ST-ZIP	Moore Haven, FL 33471	
3.1 TITLE	STDTR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Russell Mathews	
3.3 STREET ADDRESS	4861 Shady River Lane	
3.4 CITY-ST-ZIP	FT. Myers, FL 33905	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Herbert H. Braswell

Herbert H. Braswell

2/18/97 (941) 675-3160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067258

CR2E037 (9/96)