


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766330 (5)**  
1. Corporation Name  
**THE CHURCH OF CHRIST IN NORTH LABELLE, INC.**



Principal Place of Business <b>871 N. RIVER ROAD P.O. BOX 781 LABELLE FL 33935-7781</b>	Mailing Address <b>871 N. RIVER ROAD P.O. BOX 781 LABELLE FL 33935-7781</b>
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3. Date Incorporated or Qualified  
**12/28/1982**

4. FEI Number <b>59-6584956</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**BRASWELL, HERBERT H.  
1280 IVAN BLVD OR CHURCH OF CHRIST  
P.O BOX 2840  
LABELLE FL 33935**

10. Name and Address of New Registered Agent  
81 Name **ELLIS MARTIN**  
82 Street Address (P.O. Box Number is Not Acceptable) **805 BISCHER ST**  
83  
84 City **LaBELLE** FL 85 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **Feb 2, 1998** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VDT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKEE, ROGER</b>	
STREET ADDRESS	<b>PARK AND YAUN, P.O BOX 87</b>	
CITY-ST-ZIP	<b>MOORE HAVEN FL</b>	
TITLE	<b>PTR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRASWELL, HERBERT H.</b>	
STREET ADDRESS	<b>1280 IVAN BLVD</b>	
CITY-ST-ZIP	<b>LABELLE FL</b>	
TITLE	<b>STDT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MATHEWS, RUSSELL</b>	
STREET ADDRESS	<b>4881 SHADY RIVER LANE</b>	
CITY-ST-ZIP	<b>FT. MYERS FL</b>	
TITLE		<input 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	<b>P/S/C/Tr.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ELLIS WAYNE MARTIN</b>	
1.3 STREET ADDRESS	<b>805 BISCHER ST</b>	
1.4 CITY-ST-ZIP	<b>LABELLE FL 33935</b>	
2.1 TITLE	<b>A. RUSSELL MATHEWS JR.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/T/D/TR.</b>	
2.3 STREET ADDRESS	<b>4861 SHADY RIVER LANE</b>	
2.4 CITY-ST-ZIP	<b>FT MYERS FL. 33905</b>	
3.1 TITLE	<b>M/Tr.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ROGER MCKEE</b>	
3.3 STREET ADDRESS	<b>PARK AND YAUN P.O. BOX 67</b>	
3.4 CITY-ST-ZIP	<b>MOORE HAVEN FL.</b>	
4.1 TITLE	<b>TR.</b>	<input type="checkbox"/> Change <input checked="" 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 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 in an attachment, with an address.

SIGNATURE: *[Signature]* **ELLIS MARTIN** **FEB 2, 1998** (941) **675-7974**

CR2E037 (10/97)