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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 871 N. RIVER ROAD P.O. BOX 781 LABELLE FL 33935-7781	Mailing Address 871 N. RIVER ROAD P.O. BOX 781 LABELLE FL 33935-7781
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3. Date Incorporated or Qualified 12/28/1982
4. FEI Number 59-6584956
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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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]* DATE **Feb 2, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VDT <input checked="" type="checkbox"/> DELETE
NAME	MCKEE, ROGER
STREET ADDRESS	PARK AND YAUN, P.O BOX 67
CITY-ST-ZIP	MOORE HAVEN FL
TITLE	PTR <input checked="" type="checkbox"/> DELETE
NAME	BRASWELL, HERBERT H.
STREET ADDRESS	1280 IVAN BLVD
CITY-ST-ZIP	LABELLE FL
TITLE	STDT <input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, RUSSELL
STREET ADDRESS	4861 SHADY RIVER LANE
CITY-ST-ZIP	FT. MYERS FL
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	P/S/C/Tr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ELLIS WAYNE MARTIN
1.3 STREET ADDRESS	805 BISCHER ST
1.4 CITY-ST-ZIP	LaBELLE FL 33935
2.1 TITLE	A. RUSSELL MATHEWS JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/T/D/TR.
2.3 STREET ADDRESS	4861 SHADY RIVER LANE
2.4 CITY-ST-ZIP	FT MYERS FL. 33905
3.1 TITLE	M/Tr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROGER MCKEE
3.3 STREET ADDRESS	PARK AND YAUN P.O. Box 67
3.4 CITY-ST-ZIP	MOORE HAVEN FL.
4.1 TITLE	TR. <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]* DATE: **Feb 2, 1998** (941) 675-7974

CR2E037 (10/97)