

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **808426** (1)
1. Corporation Name
THE CHURCH OF JESUS CHRIST



Principal Place of Business: **5836 OREBANK RD. KINGSPORT TN 37664-4566**
Mailing Address: **5836 OREBANK RD. KINGSPORT TN 37664-4566**

3. Date Incorporated or Qualified: **12/27/1950**
3a. Date of Last Report: **04/14/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 52-1036971	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FULFORD, MS CARRIE C 5531 SOUTH MAGNOLIA ST BOX 855 HOMOSASSA FL 32681		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	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: MS Carrie C. Fulford *x Ms. Carrie C. Fulford x 4-16-96*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MARSHALL, R.F.		1.2 NAME: Osborne, Mildred I.	
STREET ADDRESS: 5836 OREBANK RD.		1.3 STREET ADDRESS: 3312 Rustic Hills Drive	
CITY-ST-ZIP: KINGSPORT TN		1.4 CITY-ST-ZIP: Kingsport, TN 37660	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ADINOLFI, ANTHONY M		2.2 NAME: Adinolfi, Anthony M.	
STREET ADDRESS: 2109 FAULK LN.		2.3 STREET ADDRESS: 2109 Faulk Lane	
CITY-ST-ZIP: KINGSPORT TN		2.4 CITY-ST-ZIP: Kingsport, TN 37660	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WARD, JAMES P		3.2 NAME:	
STREET ADDRESS: P.O. BOX 92 N/A		3.3 STREET ADDRESS:	
CITY-ST-ZIP: CENTREVILLE AL		3.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RICE, WATHA C		4.2 NAME:	
STREET ADDRESS: N/A VALLEYVIEW ADDITION		4.3 STREET ADDRESS:	
CITY-ST-ZIP: PETERSTOWN W. VA		4.4 CITY-ST-ZIP:	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SAPP, R.W. SR		5.2 NAME: Sapp, R.W. SR	
STREET ADDRESS: P.O. BOX 2134 CSS N/A		5.3 STREET ADDRESS: P.O. Box 2134 CSS N/A	
CITY-ST-ZIP: DUBLIN GA		5.4 CITY-ST-ZIP: Dublin, GA 31040	
TITLE: ST	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: ADINOLFI, CAROL J		6.2 NAME:	
STREET ADDRESS: 2109 FAULK LN.		6.3 STREET ADDRESS:	
CITY-ST-ZIP: KINGSPORT TN		6.4 CITY-ST-ZIP:	

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 119.07(3)(k), 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: J. P. Ward *J. P. Ward* Date: **4-1-1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4-2-96
JR