


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90015 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # C93000000002					
1. Corporation Name CHRISTIAN CHURCH SEBRING, FLORIDA, INCORPORATED					
Principal Place of Business 510 POINSETTIA AVENUE SEBRING FL 33870			Mailing Address 510 POINSETTIA AVENUE SEBRING FL 33870		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1926	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-7050100	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HUTSON, ROBERT 510 POINSETTIA AVENUE SEBRING FL 33870				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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.

Rev. Robert J. Hutson

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4-14-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, CAROL	1.2 NAME	
STREET ADDRESS	534 WHIP-POOR-WILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARCOURT, ROBERT	2.2 NAME	CAMPBELL, HOLLIS
STREET ADDRESS	2510 DAVIS CIRCLE	2.3 STREET ADDRESS	2200 Dogleg Drive
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	Sebring, FL 33872
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMMERS, DAVID	3.2 NAME	
STREET ADDRESS	2909 BRUCE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHOTEN, MARCIA	4.2 NAME	McGUIRE, JOYCE
STREET ADDRESS	1719 PROSPECT ST.	4.3 STREET ADDRESS	2811 Vine Lane
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Robert J. Hutson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-14-99

Daytime Phone #

941-385-0352

CR2E037 (1/98)