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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 02, 1999 8:00 am § Secretary of State 03-02-1999 90003 012 ****61.25

FILED

1999

DOCUMENT # N00689

1. Corporation Name

FIRST CHRISTIAN CHURCH OF BABSON PARK, FLORIDA, INC.

Principal Place of Business 1295 HIGHWAY ALTERNATE 27 BABSON PARK FL 33827

Mailing Address

1295 HIGHWAY ALTERNATE 27 BABSON PARK FL 33827



City & State City & State									
Solite, Apt. #, etc. 26	2. Principal Pl	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed			
Sille, Apt. #, etc. Suite, Apt. #, etc. Suite, App. #, etc. Suite, Apt. #, etc.			⊢			01/03/1984			
Specification Specificatio		#, etc.	<u> </u>					Applied For	
City & State City & State City & State City & State Status Desired Security	22		27			59-2352900		Not Applicable	
Zip	City & State	•	⊢ ¬ ′			5. Certificate of Status Desired	v		
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 81 Name BARRON, JAMES R. 503 N 7TH ST LAKE WALES FL 33853 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 6502 and 617 1508, Florida Statutes the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florida Statutes the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florida Statutes the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 6503, Florida Statutes SIGNATURE 90 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 Name AKERS, HELEN 17 Name 18 Name 18 Name 18 Name 18 Name 18 Name 18 Name 19 Name 19 OELETE 18 Name 19 Name 19 OELETE 21 TITLE 21 TITLE 32 DELETE 21 TITLE 32 Name 33 SIREET ADDRESS 33 Name Addition 34 Name 34 City St 2P 10 OELETE 31 TITLE 32 Name 34 City St 2P 35 Zip Code 35 Zip Code 36 Zip Code 37 Zip Code 37 Zip Code 38 Zip Code 39 Zip Code 30 Zip Code 31 Zip Code 32 Zip Code 33 Zip Code 34 Zip Code 35 Zip Code 36 Zip Code 37 Zip Code 37 Zip Code 38 Zip Code 38 Zip Code 39 Zip Code 30 Zip Code 30 Zip Code 30 Zip Code 30 Zip Co		Country		Country	,	6. Election Campaign Financing	\$5.	00 May Be	
BARRON, JAMES R. 503 N 7TH ST LAKE WALES FL 33853 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 agent. are from familiar with, and accept the obligation of, Section 517,0502 and 617,1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered agent. are from familiar with, and accept the obligation of, Section 517,0503, Florida Statutes. SIGNATURE 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 agent. are finallized with, and accept the obligation of, Section 517,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ITIE 19. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. 2P. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. CHANGE AGENCY AGEN	24	25	2930	ī]					
BARRON, JAMES R. 503 N 7TH ST LAKE WALES FL 33853 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. and arcept the obligations of, Section 617.0507, Florids Statutes, the above-named 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, Florids Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 13 NAME AKERS, HELEN 1129 CODY VILLA LOOP RD 113 STREET ADDRESS STREET ADDRESS GIRN-51-2P TITLE D GIBBS, RICHARD A 22 NAME 33 STREET ADDRESS GIRN-51-2P TITLE D GIBBS, RICHARD A 22 NAME 34 City FL NAME AKERS, HELEN 13 TITLE D Change Additio ACTIV-51-2P GIBBS, RICHARD A 22 NAME 33 STREET ADDRESS CITY-51-2P BABSON PARK FL 33827 DELETE 1 TITLE D Change Additio Additio ACTIV-51-2P BABSON PARK FL 34 CITY-51-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio ACTIV-51-2P Additio Change Additio ACTIV-51-2P Additio Change Additio Additio ACTIV-51-2P Additio ACTIV-51-2P Additio ACTIV-51-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio ACTIV-51-2P Ad		9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	ed Agent		
Signature Sign				81	Name				
Signature Sign	BARRON, JAMES R.				82 Street Address (P.O. Box Number is Not Acceptable)				
LAKE WALES FL 33853 84 City FL 85 Zip Code					02 0000 / 0000 ()				
Set City FL St Zip Code	***************************************								
The provisions of Sactions 617.0502 and 617.1508, Florida Statiutes, the above-named corporation submits this statement for the purpose of change in the composition of 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, types or present name of registered agent and set if application. 12. OFFICERS AND DIRECTORS 11.2 12. OFFICERS AND DIRECTORS 11.1 TIME 12. OFFICERS AND DIRECTORS 11.2 LIMBE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.2 LIMBE 14. OFFICERS AND DIRECTORS 11.2 LIMBE 15. TIME 12. OFFICERS AND DIRECTORS 11.2 LIMBE 15. TIME 10. Change Addition 16. Change Addition 17. ST.2P LIMBE 18. TIME 19. OFFICERS AND DIRECTORS 11.2 LIMBE 19. OFFICERS AND DIRECTO				84	City		85	Zip Code	
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Signature, hyped or printed name of regulatered agent end side if applicables (NOTE: Registered Agent signature recolared Vehan relatables) Inches I	office or re	edistered agent, or both, in the State of	i Florida. Such change was auth	onzea by	the corpora	ation's board of directors. I hereby accept the app	oointment a	s registered	
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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.