## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

3332 JENKS AVE. PANAMA CITY FL 32405 US

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 07 1997 8:00am

Secretary of State

(a04)163-5661

1-29-97

3. Date Incorporated or Qualified 3a. Date of Last Report

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04482

(8)

Mailing Address

LYNN HAVEN FL 32444-6316

P.O. BOX 1516

JENKS AVENUE CHURCH OF CHRIST, INC.

					08/01/1984	02/16/1996		
2. Principal f	Principal Place of Business 2a. Mailing Address				4. FEI Number	A	pplied For	
21	26				59-2270658	N	ot Applicable	
<b>—</b>	Suite, Apt. #, etc.			,	5. Certificate of Status Desired	1 1 7	Additional	
22 27				· · · · · · · · · · · · · · · · · · ·		Fee R	equired	
City & State City & State				6. Election Campaign Financing		May Be		
23 Zin			On	Trust Fund Contribution				
— ·	Country	Zip	Country		8. This corporation has liability for in		s. 199.032,	
24	25   29   30   9. Name and Address of Current Registered Agent		PO		Florida Statutes Yes No 10, Name and Address of New Registered Agent			
				81 Name				
BEFOR HAVE								
REECE, JACK E.				82 Street Address (P.O. Box Number is Not Acceptable)				
202 HARBOUR POINTE DRIVE				83				
LYNN HAVEN FL 32444								
			84	City		FL 85 Zip	Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above per					retion submits this statement for the ou		to registered	
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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE	l vo	☐ DELETE	1.1 TITLE	₽D		Change	☐ Addition	
NAME	PIPPIN, M.C.	1.2 N		Pip	pin, M.C.			
STREET ADDRESS			1.3 STREET	ADDRESS 540	DE WHITNEY DR.			
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CiTY-S		nama City FL 32404			
TITLE	PD	DELETE	2.1 TITLE	V₽		☐ Change	Addition	
NAME	WILSON, GILBERT 22		2.2 NAME	me	Kennd DALE			
STREET ADDRESS			2.3 STREET	ADDRESS 114	Keand, DALE Candlewick Cr.			
CITY-ST-ZIP	PANAMA CITY FL 32405		2. 4 CITY-S	T-ZIP PO	nama City, FL 32405			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Change	Addition	
NAME	HOLSOMBAKE, JIM 321		3.2 NAME					
STREET ADDRESS	201 TIMBER LANE 3.3		3.3 STREET	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405			T-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	CALHOUN, PAUL	AUL 4.2						
STREET ADDRESS	1800 MASSACHUSETTS AVE.		4.3 STREET	ADDRESS				
City-St-Zip	LYNN HAVEN FL 32444		4.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME	BACKUS, ROBERT 52		5.2 NAME					
STREET ADDRESS	1800 NEW JERSEY 5.3		5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE	01		6.1 TITLE			Change	Addition	
NAME	BURLESON, HAYES H.		6.2 NAME					
STREET ADDRESS	S 107 TIMBER LANE 63		6.3 STREET	ADDRESS				
			6.4 CITY - S					
14. I do 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 into strue 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.								