

**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 # N06401 (6)**  
1. Corporation Name  
**FIRST CHRISTIAN CHURCH, BARTOW, FLORIDA, (DISCIPLES OF CHRIST), INC.**



Principal Place of Business: **400 SOUTH OAK AVE, 400 SOUTH OAK, BARTOW FL 33830-839, US**  
Mailing Address: **400 SOUTH OAK AVE, 400 SOUTH OAK, BARTOW FL 33830-830, US**

3. Date Incorporated or Qualified: **11/30/1984**  
3a. Date of Last Report: **04/13/1995**  
4. FEI Number: **59-6141941**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**HENDERSON, FRANK  
400 S. OAK AVE.  
BARTOW FL 33830**

10. Name and Address of New Registered Agent  
**81 Name: HATCHER ROBERT  
82 Street Address (P.O. Box Number is Not Acceptable): 400 S. OAK AVE  
83  
84 City: BARTOW FL 85 Zip Code: 33830**

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: *Robert L. Hatcher* **ROBERT L. HATCHER - CHAIRMAN** **FEB 14, 1996**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>HENDERSON, FRANK</b>		12 NAME: <b>OSBORNE, JACK</b>	
STREET ADDRESS: <b>1380 N. MILL AVE.</b>		13 STREET ADDRESS: <b>2243 U.S. HWY 17 SO.</b>	
CITY-ST-ZIP: <b>BARTOW FL</b>		14 CITY-ST-ZIP: <b>BARTOW, FL 33830</b>	
TITLE: <b>PDC</b>	<input type="checkbox"/> DELETE	21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HATCHER, ROBERT</b>		22 NAME:	
STREET ADDRESS: <b>6259 BUTTERNUT DRIVE</b>		23 STREET ADDRESS:	
CITY-ST-ZIP: <b>LAKELAND FL</b>		24 CITY-ST-ZIP:	
TITLE: <b>VCD</b>	<input type="checkbox"/> DELETE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRYAN, KENNETH R. SR.</b>		32 NAME:	
STREET ADDRESS: <b>780 WEST DAVIDSON</b>		33 STREET ADDRESS:	
CITY-ST-ZIP: <b>BARTOW FL</b>		34 CITY-ST-ZIP:	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>WOIKE, ELSIE</b>		42 NAME:	
STREET ADDRESS: <b>650 W. CLOWER</b>		43 STREET ADDRESS:	
CITY-ST-ZIP: <b>BARTOW FL</b>		44 CITY-ST-ZIP:	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	51 TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>DAY, CAROLINE</b>		52 NAME: <b>DAY, CAROLINE</b>	
STREET ADDRESS: <b>2116 GACHET BLVD E</b>		53 STREET ADDRESS: <b>7211 ESTATE ROAD</b>	
CITY-ST-ZIP: <b>LAKELAND FL</b>		54 CITY-ST-ZIP: <b>LAKELAND, FL 33809</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>GARMON, BOYCE</b>		62 NAME:	
STREET ADDRESS: <b>2055 FLORAL AVE S</b>		63 STREET ADDRESS:	
CITY-ST-ZIP: <b>BARTOW FL</b>		64 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: *Robert L. Hatcher* **ROBERT L. HATCHER** **2/14/96** **941-647-1439**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)