

**FILE NOW; FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAR -2 PM 2: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N08226 (5)**  
1. Corporation Name  
**THE CHURCH OF CHRIST OF MID-TOWN, INC.**

Principal Place of Business Mailing Address  
**1655 CRESTHAVEN AVE. 1655 CRESTHAVEN AVE.**  
**P.O. BOX 846 P.O. BOX 846**  
**ORLANDO FL 32811 ORLANDO FL 32811**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/18/1985</b>	3a. Date of Last Report <b>04/25/1994</b>
4. FEI Number <b>59-2773690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> <b>\$68.75 Supplemental Fee Not Required</b>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**MASTERS, J. WILLIAM, II**  
**1500 S. SEMORAN BLVD.**  
**ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>BURKE, WILLIE JR.</b>
NAME	<b>1655 CRESTHAVEN AVE</b>
STREET ADDRESS	<b>ORLANDO FL</b>
CITY - ST - ZIP	
TITLE <b>MTD</b>	<b>BURKE, WILLIE JR.</b>
NAME	<b>1655 CRESTHAVEN AVE.</b>
STREET ADDRESS	<b>ORLANDO FL</b>
CITY - ST - ZIP	
TITLE <b>SD</b>	<b>HOUSTON, BOBBY R</b>
NAME	<b>1081 NORTH STREET</b>
STREET ADDRESS	<b>ALTAMONTE SPRINGS FL 32701</b>
CITY - ST - ZIP	
TITLE <b>D</b>	<b>NORMAN, WILLIAM</b>
NAME	<b>1722 SPRUCEWOOD</b>
STREET ADDRESS	<b>ORLANDO FL</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 chair, or both, of an attachment with an address.

SIGNATURE: Willie Burke Jr DATE: 2/8/95 407)843-0197  
SIGNATURE AND TITLE OF FILING MADE BY CHAIRMAN OR DIRECTOR