

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 # **N08226** (5)

1. Corporation Name
THE CHURCH OF CHRIST OF MID-TOWN, INC.



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

3. Date Incorporated or Qualified: 03/18/1985
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2773690
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 3417 Lewis Ct. Suite, Apt. #, etc. 22a P. O. Box 550185 City & State: 23 Orlando, Fl. Zip: 24 32805 Country: 25 US
2a. Mailing Address: 26 3417 Lewis Ct. Suite, Apt. #, etc. 27 P. O. Box 550185 City & State: 28 Orlando, Fl. Zip: 29 32805 Country: 30 US

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, WILLIE JR.	
STREET ADDRESS	1655 CRESTHAVEN AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	MTD	<input checked="" type="checkbox"/> DELETE
NAME	BURKE, WILLIE JR.	
STREET ADDRESS	1655 CRESTHAVEN AVE.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOUSTON, BOBBY R	
STREET ADDRESS	1061 NORTH STREET	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NORMAN, WILLIAM	
STREET ADDRESS	1722 SPRUCEWOOD	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D	
1.3 STREET ADDRESS	F. R. Singleton, Sr.	
1.4 CITY - ST - ZIP	901 E. Warren St. Plant City, FL 33566	
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morgan Wilson	
2.3 STREET ADDRESS	1876 Beewood Ct.	
2.4 CITY - ST - ZIP	Orlando, Fl. 32818	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Bernice Dexter Daffin	
3.3 STREET ADDRESS	3417 Lewis Ct.	
3.4 CITY - ST - ZIP	Orlando, Fl. 32805	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Norman	
4.3 STREET ADDRESS	7219 Blair Dr.	
4.4 CITY - ST - ZIP	Orlando, Fl. 32818	
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 changed, or on an attachment with an address.

SIGNATURE: **Morgan Wilson, Treasurer** / *Morgan Wilson* 2/18/96 (407) 290-8261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)