


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998               |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # N08768                                      |  | (6)   |  |  |  |
| 1. Corporation Name<br>BIG PINE CHRISTIAN CENTER, INC. |  |   |  |  |  |



|  |  |  |  |
|--|--|--|--|
| Principal Place of Business            |  | Mailing Address                        |  |
| R R 5, BOX 527-CC<br>BIG PINE FL 33043 |  | R R 5, BOX 527-CC<br>BIG PINE FL 33043 |  |

|   |                               |
|---|-------------------------------|
| 3. Date Incorporated or Qualified<br>04/17/1985 |                               |
| 4. FEI Number<br>59-2592299                     | Applied For<br>Not Applicable |

|                                |                     |                     |         |
|--------------------------------|---------------------|---------------------|---------|
| 2. Principal Place of Business |                     | 2a. Mailing Address |         |
| 21 100 COUNTY RD               | 26 100 COUNTY RD    |                     |         |
| Suite, Apt. #, etc.            |                     | Suite, Apt. #, etc. |         |
| 22                             | 27                  |                     |         |
| City & State                   |                     | City & State        |         |
| 23 BIG PINE KEY, FL            | 28 BIG PINE KEY, FL |                     |         |
| Zip                            | Country             | Zip                 | Country |
| 24 33043                       | 25                  | 29 33043            | 30      |

|  |  |
|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  |  |
| VURAL, EROL M<br>MILE MARKER 25, US HWY 1<br>BARNETT BANK, 2ND FL<br>SUMMERLAND KEY FL 33042 |  |

|   |             |
|---|-------------|
| 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 |
| FL  |             |


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                      | PD<br>LAWES, STEVE<br>2361 PENSACOLA ROAD<br>BIG PINE KEY FL  |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | SD<br>MCNEAL, JOHN<br>1522 PANDOREA LANE<br>BIG PINE KEY FL   |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | TD<br>WAHLGREN, TOM<br>29980 BALSALANE<br>BIG PINE KEY FL     |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |
| TITLE                      | D<br>UNDERWOOD, BILL<br>P.O. BOX 517 N/A<br>SUMMERLAND KEY FL |
| NAME                       |   |
| STREET ADDRESS             |   |
| 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 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.

SIGNATURE: 

CR2E037 (10/97)