

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT 13 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **N09982** (2)
1. Corporation Name
FIRST CHRISTIAN CHURCH, PLANT CITY, FLORIDA

Principal Place of Business Mailing Address
2108 THONOTOSASSA RD. **2108 THONOTOSASSA RD.**
PLANT CITY FL 33566 **PLANT CITY FL 33566**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2108 THONOTOSASSA RD. Suite, Apt. #, etc. 22 City & State 23 PLANT CITY, FL. Zip 24 33566		2a. Mailing Address 26 2108 THONOTOSASSA RD. Suite, Apt. #, etc. 27 PLANT CITY, FL. City & State 28 PLANT CITY, FL. Zip 29 33566		3. Date Incorporated or Qualified 06/26/1985		3a. Date of Last Report 01/25/1996	
25 HILLSBORO		30 FLORIDA		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
9. Name and Address of Current Registered Agent FULER, MARY R. 2803 W. TRAPNELL RD. PLANT CITY FL 33567		10. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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.		81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
SIGNATURE <i>Mildred Phelps</i>		84 City		85 Zip Code		DATE 10-9-97	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELPS, MILDRED	1.2 NAME	
STREET ADDRESS	1707 CHARLIE GRIFFIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, MARY R.	2.2 NAME	
STREET ADDRESS	2803 W TRAPNELL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLY E. HILL	3.2 NAME	
STREET ADDRESS	4916 MILEY RD. WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY WATERS	4.2 NAME	
STREET ADDRESS	1404 1/2 WALKER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL.	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *Mary R. Fuller* SIGNATURE REQUIRED *Mary R. Fuller* 8-25-97 784-4943

CR2E037 (4/97)