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FILE NOW: FILING FEE IS \$61.25	No. 21		
CORPORATION Katherin ANNUAL REPORT Secretary	TMENT OF STATE Harris OF State ORPORATIONS	APATRA MILITARIA	M. 1. 05
DOCUMENT # No 9982		99 JUN 30 P	M (4. Z.)
1. Corporation Name First Christian Church , Plant City, Florida		SHOURD TY OF SWAE TWO DUMOSEE, FUUDO	
Principal Place of Business Mailing Address	Clark 1 5		
	Clarkwood D City, F1. 33566	, , , , , , , , , , , , , , , , , , ,	
2. Principal Place of Business 2a. Mailing Address		3. Date Incorporated or Qualifed	
21 2108 N. Thonotosassa Rd 26 1362 Clar Suite, Apt. #, etc. Suite, Apt. #, etc.	kwood Dr.	4. FEI Number	Applied For
22 27		59-0624398	Not Applicable
City & State 23 Plant City FL. 28 Plant City	, F1.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be			\$5.00 May Be Added to Fees
24 33566 25 14 15 b n ue 1 29 335 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 30 H 1/3 b c n ue 1 29 335 66 66 66 30 H 1/3 b c n ue 1 29 335 66 66 66 30 H 1/3 b c n ue 1 29 335 66 66 66 66 66 66 66 66 66 66 66 66 66			
Mildred Phelps 1707 Charlie Griffen Rd. Plant City, Fl. 81 Name Curtis A. Lawson 82 Street Address (P.O. Box Number is Not Acceptable) 183 Apt 1 83 Apt 1 84 Name Curtis A. Lawson 85 Street Address (P.O. Box Number is Not Acceptable) 86 Apt 1 87 Apt 1 88 Name Curtis A. Lawson 88 Name Curtis A. Lawson 89 Apt 1 89 Apt 1 89 Apt 1 89 Apt 1			
33566 84 City FL 85 Zip Code 91ant City FL 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: R	Registered Agent signature requ		
12. OFFICERS AND DIRECTORS TIME President (Chairman (CD) Dibelete	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME MILLIAND Pholps	1.2 NAME	President/Chairman (T. Curtis A. Lawson	1 :
STREET ADDRESS 1707 Charlie Griffen Ro.	1.3 STREET ADDRESS	iala Goldfinch Dr	
TITLE VICE - President/ Vice Chainal DELETE	1.4 CITY-ST-ZIP	Plant City, F1. 3356 Vice Pres. / Vice-chairma	Change Addition
STREET ADDRESS 4916 miley Rd. (D)	22 NAME	auli S. McIntosh	(, <i>i ≱</i>
CITY ST ZP Plant City AL 33565	2.4 CITY-ST-ZIP	Dover, F1, 33566	Change Addition
Secretary Treasurer (5)	3.1 TITLE 3.2 NAME	Betty J. Wilson	T) Criginge [] Addition
STREET ADDRESS IV. Wheeler ST.	3.3 STREET ADDRESS	130% Clarkwood Dr	•
TITLE Plant City, P1. 3856	3.4. CITY-ST-ZIP	Plant City, 61. 3356	Change Addition
FUDY Ham (1)	4.2 NAME	700002924	;
STREET ADDRESS 1707 Charlie Griffen Rol	4.3 STREET ADDRESS	-07/06/99	-01141017
STREET ADDRESS CITY-ST-ZIP Plant CAY, FL. 33566 TITLE DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	*****70,00	****** []
TITLE LYDELETE	5.2 NAME		□ compt
-TREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-\$T-ZIP		Change Addition
TITLE DELETE	6.1 TITLE		Value and All Addition

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, with all other like empowered.

6.2 NAME

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: Betty & Lillary Betty J. Wilson Secretary

NAME

STREET ADDRESS

Daytime Phone #