


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-05-2004 90406 020 ****61.25

DOCUMENT # N09982					
1. Entity Name FIRST CHRISTIAN CHURCH, PLANT CITY, FLORIDA					
Principal Place of Business 2108 THONOTOSASSA RD. PLANT CITY FL 33566			Mailing Address 1302 CLARKWOOD DR. PLANT CITY FL 33568		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0624398	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAWSON, CURTIS A 1212 GOLDFINCH DR. APT. 1 PLANT CITY FL 33566				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Betty J. Wilson</u> Betty J. Wilson (Secretary) <u>3-31-04</u> <small>Signature typed in printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCT	<input checked="" type="checkbox"/> Delete	TITLE	PCT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWSON, CURTIS A		NAME	Phillip Buttram	
STREET ADDRESS	1212 GOLDFINCH DR.		STREET ADDRESS	24 D St. Floral Village	
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP	Plant City, FL 33563	
TITLE	VVCT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LOY		NAME		
STREET ADDRESS	2611 S. MCINTOSH RD.		STREET ADDRESS		
CITY-ST-ZIP	DOVER FL 33566		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BETTY		NAME		
STREET ADDRESS	1302 CLARKWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty J. Wilson</u> Betty J. Wilson (Secretary) <u>3-31-04</u> <u>(813)752-4869</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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MOORE CR2E037 (11/03)