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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:54

DOCUMENT # N27685 (9)

1. Corporation Name

METROPOLITAN CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
P.O. BOX 195116 WINTER SPRINGS FL 32719-5116 US	P.O. BOX 195116 WINTER SPRINGS FL 32719-5116 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1988
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2847190 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 281 Division St.	26 PO Box 1966
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oviedo, FL	28 City & State: Oviedo, FL
24 Zip: 32765 25 Country: USA	29 Zip: 32765 30 Country: USA

9. Name and Address of Current Registered Agent

MUTH DAVID C
1937 KIMBRACE PLACE
WINTER SPRINGS FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: David C Muth DAVID C. MUTH, President 4-7-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MUTH, DAVID C	12 NAME		
STREET ADDRESS	1937 KIMBRACE PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	JACKSON, EDWARD W	22 NAME		
STREET ADDRESS	3895 BISCAYNE DR	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	TD	☑ Change ☑ Addition
NAME	COX, RICK H.	32 NAME	Lockyer, Alfred, Sr.	
STREET ADDRESS	81 TARPON CIRCLE	33 STREET ADDRESS	212 Morton Ln.	
CITY-ST-ZIP	WINTER SPRINGS FL	34 CITY-ST-ZIP	Winter Springs, FL. 32708	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: David C Muth DAVID C. MUTH 4-7-95 (407) 366-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

000104M