

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34906 (0)
1. Corporation Name

MICCOSUKEE CHRISTIAN CENTER, INCORPORATED

Principal Place of Business

RT 7 BOX 802 A
6757 HWY. 59 N
TALLAHASSEE FL 32308

Mailing Address

6757 HWY. 59 N.
TALLAHASSEE FL 32308

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LAMB, FRANK JR.
2802 JACKSON BLUFF ROAD
TALLAHASSEE FL 32310

3. Date Incorporated or Qualified
10/26/1989

3a. Date of Last Report
08/01/1995

4. FEI Number
59-2982588

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

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 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 617.0501, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
FRANK, LAMB JR
6757 HWY. 59 N.
TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT
JAMES, DORIS
983 OLSEN RD
TALLAHASSEE FL 32301

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
LAMB, MARTHA
6757 HWY. 59 N.
TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HAMILTON, ELLA
RT. 7, BOX 5095
TALLAHASSEE FL 32308

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BARNES, MARLYN
3017 KINGBRIDGE
TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

700001958897
-09/27/96--01037--010
*****61.25 *****61.25

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0002585

CR2E037 (3/96)