

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35913** (5)

1. Corporation Name

WEST NASSAU CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

% THOMAS D. GILDAY
P.O. BOX 1508
CALLAHAN FL 32011

% THOMAS D. GILDAY
P.O. BOX 1508
CALLAHAN FL 32011-1508



2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22 City & State	27 City & State
23 Zip	28 Zip	24 Country	29 Country
25	30		

3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 02/27/1996
4. FEI Number 59-3072149	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILDAY, THOMAS D.
650 SOUTH OAK STREET
P.O. BOX 639
HILLIARD FL 32046

81 Name William Larry Wilson
82 Street Address (P.O. Box Number is Not Acceptable) 1000 Eastwood Rd. Apt J7
83
84 City Hilliard
85 FL
86 Zip Code 32046

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 *Larry Wilson* (NOTE: Registered Agent signature required when reinstating) DATE *4-30-97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAY, RICHARD		1.2 NAME	
STREET ADDRESS RT. 2, BOX 275-B		1.3 STREET ADDRESS	
CITY-ST-ZIP HILLIARD FL		1.4 CITY-ST-ZIP	
TITLE VT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLMES, G. WAYNE		2.2 NAME	
STREET ADDRESS RT 5 BOX 392		2.3 STREET ADDRESS	
CITY-ST-ZIP CALLAHAN FL 32011		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, JOSEPH A.		3.2 NAME	
STREET ADDRESS P.O. BOX 1143 NA		3.3 STREET ADDRESS	
CITY-ST-ZIP CALLAHAN FL		3.4 CITY-ST-ZIP	
TITLE TT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILDAY, THOMAS D.		4.2 NAME	
STREET ADDRESS P.O. BOX 639 NA		4.3 STREET ADDRESS	
CITY-ST-ZIP HILLIARD 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: *Larry Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000114

CR2E037 (9/96)