

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 % THOMAS D. GILDAY P.O. BOX 1508 CALLAHAN FL 32011	Mailing Address % THOMAS D. GILDAY P.O. BOX 1508 CALLAHAN FL 32011
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2. Principal Place of Business 21 % Larry W Wilson	2a. Mailing Address 26 % Larry W. Wilson
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

8. Name and Address of Current Registered Agent WILSON, LARRY WILLIAM 1000 EASTWOOD RD APT J7 HILLIARD FL 32046	
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3. Date Incorporated or Qualified 01/05/1990
4. FEI Number 59-3072149
Applied For 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 3905 W. State Road #200 83 84 City Callahan FL 85 Zip Code 32011	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, G. WAYNE	1.2 NAME	Melvin Carter
STREET ADDRESS	RT 5 BOX 392	1.3 STREET ADDRESS	2424 NASSAU AVE
CITY-ST-ZIP	CALLAHAN FL 32011	1.4 CITY-ST-ZIP	Callahan FL 32011
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, JOSEPH A.	2.2 NAME	
STREET ADDRESS	P.O. BOX 1143 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	JT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LARRY W	3.2 NAME	
STREET ADDRESS	1000 EASTWOOD RD APT J7	3.3 STREET ADDRESS	3905 W. State Road 200
CITY-ST-ZIP	HILLIARD FL	3.4 CITY-ST-ZIP	Callahan FL 32011
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____

CR2E037 (10/97)