

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N41176 (1)**
1. Corporation Name
FAMILY CHRISTIAN CENTER, INCORPORATED



Principal Place of Business: **6115 WESTPORT DRIVE PORT RICHEY FL 34668**
Mailing Address: **6115 WESTPORT DRIVE PORT RICHEY FL 34668**

3. Date Incorporated or Qualified: **11/28/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **15026 Little Ranch Road**
2a. Mailing Address: **P.O. Box 11262**

4. FEI Number: **59-3016318**
Applied For: Not Applicable

22. City & State: **Spring Hill, FL**
27. City & State: **Spring Hill, FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **FL 34610**
28. Zip: **34610**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Country: **USA**
29. Country: **USA**

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

9. Name and Address of Current Registered Agent
**DUNCAN, ROGER
6115 W PORT DR
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent
81 Name: **ROGER DUNCAN**
82 Street Address (P.O. Box Number is Not Acceptable): **15026 LITTLE RANCH ROAD**
83
84 City: **SPRING HILL** FL 85 Zip Code: **34610**

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 1996	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, ROGER	1.2 NAME	ROGER DUNCAN
STREET ADDRESS	6115 W PORT DR	1.3 STREET ADDRESS	15026 LITTLE RANCH ROAD
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DEBRA	2.2 NAME	DEBRA DUNCAN
STREET ADDRESS	6115 W PORT DR	2.3 STREET ADDRESS	15026 LITTLE RANCH ROAD
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	SPRING HILL, FL 34610
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRCHENS, BARBARA	3.2 NAME	KIRCHENS, BARBARA
STREET ADDRESS	9602 NEW YORK AVE	3.3 STREET ADDRESS	9602 NEW YORK AVE.
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	HUDSON, FL.
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	

05-01-96 OR
Bank deposit \$75.00

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)(k), 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: Debra L. Duncan, Treasurer 4-9-96 813-256-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)