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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42677** (7)

1. Corporation Name

**A.R.A. CHURCH, INC.**

Principal Place of Business

Mailing Address

**A.R.A. CAMPGROUND  
SALT SPRINGS FL**

**%C.L. BURLEY  
P.O. BOX 268  
PALATKA FL 32178-0268**

3. Date incorporated or Qualified **03/22/1991** 3a. Date of Last Report **01/26/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MADDOX, LEROY  
14765 NE 200 PL  
HERMITS COVE  
FT MCCOY FL 32134**

81 Name

**NANCY GUESS**

82 Street Address (P.O. Box Number is Not Acceptable)

**3635 NORWOOD STREET**

83

84 City

**PALATKA**

**FL**

85 Zip Code **32177**

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 **Nancy Guess**

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

(NOTE: Registered Agent signature required when reinstating)

**1-25-97**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **MADDOX, LEROY**  
STREET ADDRESS **14765 NE 200 PL**  
CITY-ST-ZIP **FT MCCOY FL**

TITLE **D** ☐ DELETE

NAME **JERVIS, TOM**  
STREET ADDRESS **117 PINNER LN**  
CITY-ST-ZIP **PALATKA FL**

TITLE **STD** ☐ DELETE

NAME **BURLEY, CARRIE**  
STREET ADDRESS **RT 3 4023 LUNDY RD**  
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

**D** ☒ Change ☐ Addition

1.2 NAME

**NANCY GUESS**

1.3 STREET ADDRESS

**3635 NORWOOD STREET**

1.4 CITY-ST-ZIP

**PALATKA, FL. 32177**

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **Carrie L. Burley, Sec. Treas.** **1/6/97** **904 325-0827**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0000000

CR2E037 (9/96)