

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 # N45300 (3)

1. Corporation Name

PINE CREEK CHAPEL MENNONITE CHURCH, INC.

Principal Place of Business

**1269 S.W. PINE CHAPEL DR.
ARCADIA FL 33821**

Mailing Address

**1269 S.W. PINE CHAPEL DR.
ARCADIA FL 33821**



3. Date Incorporated or Qualified

09/24/1991

3a. Date of Last Report

03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1267 S.W. Pine Chapel Dr.

4. FEI Number

65-0219008

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHARP, DENNIS
2902 SW HWY. 17
ARCADIA FL 33821**

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DIETRICH, GLORIA	
STREET ADDRESS	616 N MONROE AVE	
CITY - ST - ZIP	ARCADIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPELAND, BUNNY	
STREET ADDRESS	1077 S.W. PINE CHAPEL DR.	
CITY - ST - ZIP	ARCADIA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, LINDA	
STREET ADDRESS	1624 N.W. MYRTLE AVE.	
CITY - ST - ZIP	ARCADIA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHARP, DENNIS	
STREET ADDRESS	2902 SW HWY. 17	
CITY - ST - ZIP	ARCADIA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFMAN, PAUL	
STREET ADDRESS	1788 N.W. MYRTLE AVE.	
CITY - ST - ZIP	ARCADIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Dave Olson	
63 STREET ADDRESS	3480 S.E. Montgomery Circle	
64 CITY - ST - ZIP	Arcadia, FL 33821	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)