

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # 192000000517 (4)  
1. Corporation Name  
FRAZIER CREEK FRIENDS CHURCH Inc

Principal Place of Business	Mailing Address
100 E MLKING BLVD STUART FL 34994	same

3. Date Incorporated or Qualified 11/30/92		3a. Date of Last Report 4-95	
4. FEI Number 65-0013102		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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	Zip
24	Country	29
	USA	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CARL HENSLEY  
117NE SUNSHINE AVE  
PORT ST LUCIE FL 34983

<b>81</b>	Name	
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>		
<b>84</b>	City	<b>85</b> 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINDBERG LESLIE	1.2 NAME	ST/D HENSLEY CARL
STREET ADDRESS	3154 SE ORANGE TREE PLACE	1.3 STREET ADDRESS	117 WESLEY ST NW
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	PORT ST LUCIE FL 34983
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEGG GARY	2.2 NAME	MCNABB DAVID
STREET ADDRESS	714 SE W VIRGINIA AVE	2.3 STREET ADDRESS	9018 SE HOBBERIDGE AVE
CITY - ST - ZIP	PORT ST LUCIE FL	2.4 CITY - ST - ZIP	MOORE SOUND FL 33455
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORCHARD NEAL	3.2 NAME	A. DANE RUFF
STREET ADDRESS	1906 SE EMERALD CT	3.3 STREET ADDRESS	1502 SE MINORCA
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	PORT ST LUCIE FL 34952
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	40000179716496
CITY - ST - ZIP		5.4 CITY - ST - ZIP	-04/29/96--01010-009
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***61.25
STREET ADDRESS		6.3 STREET ADDRESS	4.200
CITY - ST - ZIP		6.4 CITY - ST - ZIP	JP

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: A. Gene Ruff - President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95 402-335-1905

CA2E037 (12/95)