## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # N9300001659 (2)				
EAST MARION AVENUE CHURCH OF CHRIST, INC.				E LEDOUREN BUR ARTRA STOUT BROWN RROWN CROWN RAUGH CORNA RAUGH SWALL SWALL HAND LEDO
Principal Place of Business Mailing Address			C	
353 EAST MARION AVE. 353 EAST MARION AVE.				3. Date Incorporated or Qualified
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950				04/14/1993
į.				4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address				NOT APPLICABLE   Not Applicable
21 26		——————————————————————————————————————		5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del> -	6. Election Campaign Financing \$5.00 May Be	
22 27			Trust Fund Contribution Added to Fees	
City & State City & State		—¬ ΄		7. Is this nonprofit corporation a homeowners association?
Zip	Country	<b>Zip</b>	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Nam	10. Name and Address of New Registered Agent
MEADOWS, VERNON 353 EAST MARION AVE. PUNTA GORDA FL 33950			82 Stree 83 84 City	at Address (P.O. Box Number is Not Acceptable)
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 forms of depistered agent and title if explicable (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MEADOWS, VERNON	☐ DELETE	1.1 TITLE	Change Addition
NAME STREET ADDRESS	28148-GLASGOW AVE		1.2 NAME 1.3 STREET ADDRESS	, }
CITY-SY-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP	
TITLE	Ť	☐ DELETE	2.1 TITLE	Change Addition
NAME	MEADOWS, GARY		2.2 NAME	
STREET ADDRESS	26148 GLAGOW AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORAD FL		2. 4 CITY-ST-ZIP	
TITLE	T NOOTH DIMES	DELETE	3.1 TITLE	7-€ Addition
NAME	NORTH, PHILIP	•	3.2 NAME	JOHN MERCHANT G220 TAYLOR RD
STREET ADORESS	P.O. BOX 1014 N/A PUNTA GORDA FL		3.3 STREET ADDRESS	PUNTA BORDA FL 33950
CITY-ST-ZIP TITLE	PONTA GONDATE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADORESS	: }
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition .
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

**FILED** 

Feb 27 1998 8:00am

Secretary of State