

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 # **N93000003220 (1)**

1. Corporation Name

FIRST CHRISTIAN CHURCH OF HAINES CITY, INC.



Principal Place of Business

Mailing Address

705 SOUTH 14TH STREET
HAINES CITY FL

705 SOUTH 14TH STREET
HAINES CITY FL

3. Date Incorporated or Qualified

07/12/1993

3a. Date of Last Report

03/22/1995

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

**WHEELER, JAMES M
705 SOUTH 14TH STREET
HAINES CITY FL 33844**

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

James M. Wheeler

(NOTE: Registered Agent signature required when reinstating)

1-24-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITILE **T** DELETE
NAME **BERNARD, ROBERT**
STREET ADDRESS **497 SYCAMORE LANE**
CITY - ST - ZIP **HAINES CITY FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITILE **T** DELETE
NAME **STEWARD, CARL**
STREET ADDRESS **500 NORTH ECHO DR.**
CITY - ST - ZIP **LAKE ALFRED FL**

2.1 TITLE Change Addition
2.2 NAME **St. John, Rose**
2.3 STREET ADDRESS **537 Sycamore Lane**
2.4 CITY - ST - ZIP **Haines City, Fl. 33844**

TITILE **D** DELETE
NAME **BILLIG, WAYNE**
STREET ADDRESS **5401 HWY 17-92 WEST #137**
CITY - ST - ZIP **HAINES CITY FL 33844**

3.1 TITLE Change Addition
3.2 NAME **Berry, Rockwood**
3.3 STREET ADDRESS **5401 HWY 17-92 West #151**
3.4 CITY - ST - ZIP **Haines City, Fl 33844**

TITILE **T** DELETE
NAME **DEMMER, DARWIN**
STREET ADDRESS **431 GREENFIELD RD. S.E**
CITY - ST - ZIP **WINTER HAVEN FL**

4.1 TITLE Change Addition
4.2 NAME **Guyton, Carl**
4.3 STREET ADDRESS **5401 HWY 17-92 West #161**
4.4 CITY - ST - ZIP **Haines City, Fl. 33844**

TITILE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITILE DELETE
NAME
STREET ADDRESS
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 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:

Wayne Billig

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Billig 01/24/96 (941)422-4554

Date

Daytime Phone #

CR2E037 (12/95)