


FILE NOW: FILING FEE IS \$61.25

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**Feb 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003220 (1)
 1. Corporation Name
FIRST CHRISTIAN CHURCH OF HAINES CITY, INC.



Principal Place of Business 705 SOUTH 14TH STREET HAINES CITY FL	Mailing Address 705 SOUTH 14TH STREET HAINES CITY FL 33844-5904
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3. Date Incorporated or Qualified 07/12/1993	3a. Date of Last Report 02/02/1996
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3220575	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Mary Ann Stapleton Admin. Assist.
82 Street Address (P.O. Box Number is Not Acceptable)
83 705 South 14th Street
84 City Haines City, FL 85 Zip Code 33844

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 *Mary Ann Stapleton* **MARY ANN STAPLETON** DATE **1/22/97**

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD, ROBERT	
STREET ADDRESS	497 SYCAMORE LANE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ST JOHN, ROSE	
STREET ADDRESS	537 SYCAMORE LN	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, ROCKWOOD	
STREET ADDRESS	5401 HWY 17-92 W #151	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GUYTON, CARL	
STREET ADDRESS	5401 HWY 17-92 W #161	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rockwood, Berry	
1.3 STREET ADDRESS	5401 HWY 17-92 West #151	
1.4 CITY-ST-ZIP	Haines City, FL 33844	
2.1 TITLE	VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carlton, Engelhardt	
2.3 STREET ADDRESS	603 Golf Crest Dr.	
2.4 CITY-ST-ZIP	Davenport, FL 33837	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wayne, Billig	
3.3 STREET ADDRESS	5401 HWY 17-92 West #137	
3.4 CITY-ST-ZIP	Haines City, FL 33844	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marilyn, Blair	
4.3 STREET ADDRESS	2 East Lake Dr.	
4.4 CITY-ST-ZIP	Haines City, FL 33844	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charles Watts	
5.3 STREET ADDRESS	603 Alta Vista	
5.4 CITY-ST-ZIP	Haines City, FL 33844	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Wayne A. Billig

CP2E037 (9/96)