


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>705 SOUTH 14TH STREET HAINES CITY FL</b>	Mailing Address <b>705 SOUTH 14TH STREET HAINES CITY FL</b>
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3. Date Incorporated or Qualified  
**07/12/1993**

4. FEI Number  
**59-3220575**

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip 24	Country 25	Zip 29	Country 30
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**STAPLETON, MARY ANN  
705 SOUTH 14TH ST  
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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** 1/22/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROCKWOOD, BERRY	
STREET ADDRESS	5401 HIGHWAY 17-92 WEST #151	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARLTON, ENGELHARDT	
STREET ADDRESS	603 GOLF CREST DR	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BILLIG, WAYNE	
STREET ADDRESS	5401 HIGHWAY 17-92 WEST #137	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLAIR, MARYLIN	
STREET ADDRESS	2 EAST LAKE DR	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATTS, CHARLES	
STREET ADDRESS	603 ALTA VISTA	
CITY-ST-ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLTON, ENGELHARDT	
1.3 STREET ADDRESS	603 Golf Crest Dr.	
1.4 CITY-ST-ZIP	DAVENPORT, FL 33837	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOE GRAYBILL	
2.3 STREET ADDRESS	2908 silverspur Loop	
2.4 CITY-ST-ZIP	Lake Wales, Fl. 33853	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *Sandra B. Mortham* 1/20/998 941-421-2128

CR2E037 (10/97)