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04-27-1999 90203 041 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003220

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



434110 - 90203 - 41



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/12/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3220575

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STAPLETON, MARY ANN  
705 SOUTH 14TH ST  
HAINES CITY FL 33844

81 Name

Billig, Wayne A.

82 Street Address (P.O. Box Number is Not Acceptable)

5401 Hwy 17-92W, #137

83

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 Wayne A. Billig

Wayne A. Billig

4/16/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
NAME GRAYBILL, JOE  
STREET ADDRESS 2908 SILVERSPUR LOOP  
CITY-ST-ZIP LAKE WALES FL 33853

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

TITLE PD  DELETE  
NAME CARLTON, EGGELHARDT  
STREET ADDRESS 603 GOLF CREST DR  
CITY-ST-ZIP DAVENPORT FL 33837

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME BILLIG, WAYNE  
STREET ADDRESS 5401 HIGHWAY 17-92 WEST #137  
CITY-ST-ZIP HAINES CITY FL 33844

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME BLAIR, MARYLIN  
STREET ADDRESS 2 EAST LAKE DR  
CITY-ST-ZIP HAINES CITY FL 33844

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME WATTS, CHARLES  
STREET ADDRESS 603 ALTA VISTA  
CITY-ST-ZIP HAINES CITY FL 33844

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

TITLE  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 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, with all other like empowered.

SIGNATURE: Carlton D. Engelhardt

4/16/99 (941) 421-2128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)