## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N94000001922 (3)

MILLER STREET CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address											
		CHURCH OF CHRIST RK FL 32073		MILLER STREET NGE PARK FL 3207	73						
								3. Date incorporated or Qualified 04/14/1994	3a. Date of Last 09/15/		
2. F	Principal Pla	ace of Business	2a. Mai	ling Address		**		4. FEI Number	<b></b>	Applied For	_
21	,		26					59-3291779		Not Applicable	4
22	Suite, Apt. #	#, etc.	Suit	te, Apt. #, etc.				5. Certificate of Status Desired	1 1 7	Additional Required	
	City & State		City 28	& State				Election Campaign Financing     Trust Fund Contribution		May Be d to Fees	
	Zip	Country 25	Zip		30 Cou	intry			]Yes □ No	. 199.032,	
24		9. Name and Address C		d Agent	1441	ľ	1,11	10. Name and Address of New Re	gistered Agent		
			<del></del>			81 N	lame				
	SOURE	, ernest				82 5	Street Addr	ess (P.O. Box Number is Not Acceptable	∍) •		7
1211 MILLER ST.											4
		E PARK FL 32067-0298				63					
						84 (	City		FL B5 Z	ip Code	7
				no Finda Otatida	- the she		nod soroor	ation submits this statement for the purp	one of changing its	registered offic	æ
11.	Pursuant t or register familiar wit	to the provisions of Sections red agent, or both, in the Stat th, and accept the obligation	617.0502 and 617.15 te of Florida. Such cha s of, Section 617.0500	ange was authorize 3, Florida Statutes.	ed by the o	corpora	ition's boar	ation submits this statement for the porporal of directors. I hereby accept the appo	intment as registere	d agent. I am	
SIG	NATURE .	Signature, typed or printed name of reg	istered agent and title if applica	able. (NO	TE: Registered	1 Agent si	gnature require	d when reinstating)	DATE		_  ∂2 _
12.			CERS AND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFI			CR2E037 (12/95)
TITL	E ,	D		DELETE	1.1 7)	ITLE			Change	Addition Addition	=
NAM	1E	LONG, HAROLD A C			1.2 N	IAME					34
STRI	EFT ADDRESS	1441 MANOTAK AVE	E. APT. 1103		•	TREET AD					2 E
CITY	-ST-ZIP	JACKSONVILLE FL		E DELETE		ITY-ST-	ZIP		Change	Addition	⊣5
TITL		D COUNTY FOREST M	MIÑTE	DELETE	2.1 TI 2.2 N						ļ
NAN		SQUIRE, ERNEST M 2330 EGREMONT DI				TREET AC	nesse l				
l	EET ADDRESS	ORANGE PARK FL 3			1	CITY-ST-					
TITL	(-S1-ZIP F	T	/LU10	DELETE	317				☐ Change	☐ Addition	
NAN		DENNIS, ANTHONY		<del></del>	3.2 N	NAME	1				
1	EET ADDRESS	1412 SOUTH MCDU	FF AVE.		3.3 S	STREET AL	DORESS				
1	Y-ST-ZIP	JACKSONVILLE FL			3.4. (	CITY-ST-	ZIP				
TITL		S		DELETE	4.1 T	TITLE			☐ Change	Addition	
NAN	ME	SMITH, EUGENE			4. 2 1	NAME					
STA	EET ADDRESS	1037 MILLER STREE				STREET AL					
CiT	Y-ST-ZIP	ORANGE PARK FL	32073	C Drivere		CITY-ST-	ZIP *		Change	Addition	{
TIT		T T		DELETE		TITLE			oneng		
NAI		SMITH, GERALD F	NOOLIBEE			NAME CEREST N	ND0E00				1
ı	REET ADDRESS	404 AQUARIUS COI			1	STREET A	i				1
_	Y-S1-ZIP	ORANGE PARK FL	32013	DELETE		CITY-ST <u>-</u> TITLE	ZIF .	***	Chang	e 🔲 Addition	
TITI		STEWART, LONNIE	FLDERS			NAME					
NA		ATAK LALIGA AT	CLULITO			STREET A	DDRESS				
1 211	reet address	ELEO PUOLO OL			1 2.0						1

JACKSUNVILLE FL

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 1 SIGNATURE: \_\_\_\_