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 Mar 20 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000004514 (5)
 1. Corporation Name
 "THE CHURCH WITHOUT WALLS, INC."



Principal Place of Business Mailing Address
 13 N.E. 36TH AVENUE Ocala FL 34470
 13 N.E. 36TH AVENUE Ocala FL 34470-1902

3. Date Incorporated or Qualified 09/09/1994
 3a. Date of Last Report 04/11/1996

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number 59-3262320 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BULLOCK, JAMES R JR.
 13 N.E. 36TH AVENUE
 Ocala FL 34470

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GARY, FAYE 5710 SOUTH MAGNOLIA AVENUE OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD BULLOCK, JR., JAMES R REV. 13 N.E. 36TH AVENUE OCALA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RITTER, SHIRLEY 1109 S.E. 5TH STREET OCALA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD WOODSON, FLORENCE 4 WATER PASS OCALA FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D CARNEY VIRGINIA
STREET ADDRESS		4.3 STREET ADDRESS	1222 SE 42ND AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	SD MCINTYRE, MARY P.O. BOX 1512 BELLVIEW FL	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SD LACINA, RICHARD E.
STREET ADDRESS		5.3 STREET ADDRESS	10877 S.W. 88th COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OCALA, FL 34481
TITLE	TD LACINA, RICHARD E. 10877 SW 88TH COURT OCALA FL	6.1 TITLE	V.R. T. D.
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 is true and correct 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: Richard E. Lacina Date: March 17, 1997 352-854-1388
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0065369

CP2E037 (9/96)