

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002746 (4)

1. Corporation Name

CHRIST GOSPEL CHURCH OF FT. WALTON BEACH, FL, IN
C.

Principal Place of Business

100 AIR FORCE STREET
FT. WALTON BEACH FL 32547

Mailing Address

100 AIR FORCE STREET
FT. WALTON BEACH FL 32547



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 4053

Suite, Apt. #, etc.

27

City & State

28 FT. WALTON BEACH, FL

Zip

29 32549

Country

30

USA

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

4/1

4. FEI Number

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

CHEEKS, FREDRICK J
216 PILGRIM ST.
FT. WALTON BEACH FL 32548

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

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 P
NAME CHEEKS, FREDRICK J
STREET ADDRESS 216 PILGRIM AVE.
CITY - ST - ZIP FT. WALTON BEACH FL 32547

DELETE

TITLE V
NAME CHEEKS, VERA B
STREET ADDRESS 216 PILGRIM AVE.
CITY - ST - ZIP FT. WALTON BEACH FL 32547

DELETE

TITLE TD
NAME SANDERS, ERNEST
STREET ADDRESS 482 SANDY RIDGE CIR.
CITY - ST - ZIP MARY ESTHER FL 32569

DELETE

TITLE TD
NAME ARNETT, CATHERN M
STREET ADDRESS 22 TUPELO ST.
CITY - ST - ZIP FT. WALTON BEACH FL 32548

DELETE

TITLE TD
NAME OGLESBY, CLARENCE
STREET ADDRESS 114 DEVILLE DR.
CITY - ST - ZIP MARY ESTHER FL 32569

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE:

Rev. Fredrick J. Cheeks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 JUNE 96

Date

904-864-0849

Daytime Phone #

CR2E037 (3/96)