

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 # N95000003098 (9)

1. Corporation Name

COMBEE COMMUNITY CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

738 N COMBEE ROAD
LAKELAND FL 33801

738 N COMBEE ROAD
LAKELAND FL 33801

3. Date Incorporated or Qualified
06/26/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMSON, DALE
738 N COMBEE ROAD
LAKELAND FL 33801

81 Name DENNIS C. FOSTER
82 Street Address (P.O. Box Number is Not Acceptable)
503 LAZY LAKE DRIVE WEST, LKLD, FL 33801
83 MAILING ADDRESS
P.O. Box 1314
84 City EATON PARK, FL 85 Zip Code 33840-1314

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

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

Administrative Officer
(NOTE: Registered Agent signature required when reinstating)

7-9-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D CHAIRMAN OF LEADERSHIP TEAM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	JACK TISON		
1.3 STREET ADDRESS	2302 COLONIAL AVE		
1.4 CITY - ST - ZIP	LAKELAND, FL 33801		
2.1 TITLE	D VICE-CHAIRMAN/LEADERSHIP TEAM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS P. RICHARDS		
2.3 STREET ADDRESS	3921 SHADY OAK DRIVE W.		
2.4 CITY - ST - ZIP	LAKELAND, FL 33809		
3.1 TITLE	D TREASURER/SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	DENNIS C. FOSTER		
3.3 STREET ADDRESS	503 LAZY LAKE DRIVE WEST		
3.4 CITY - ST - ZIP	LAKELAND, FL 33801		
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 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:

Dennis C. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS C. FOSTER

7-9-96
Date

941-666-2969
Daytime Phone

0012762

CR2E037 (3/96)