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Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 33801738 N COMBEE ROAD  
LAKELAND FL 33801-30753. Date Incorporated or Qualified  
06/26/19953a. Date of Last Report  
08/07/19964. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

WILLIAMSON, DALE  
503 LAZY LAKE DRIVE WEST  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

WILLIAMSON, DALE

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

2212 IVEY LANE

83

84 City

LAKE LAND, FL 33801

LAKE LAND

FL

85 Zip Code

33801

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 *Dale Williamson*

DALE WILLIAMSON

2/26/97

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 DC ☒ DELETENAME TISON, JACK  
STREET ADDRESS 2302 COLONIAL AVE  
CITY-ST-ZIP LAKELAND FL 33801TITLE DVC ☒ DELETENAME RICHARDS, THOMAS P  
STREET ADDRESS 3921 SHADY OAK DRIVE W  
CITY-ST-ZIP LAKELAND FL 33809TITLE DTS ☒ DELETENAME FOSTER, DENNIS C  
STREET ADDRESS 503 LAZY LAKE DRIVE WEST  
CITY-ST-ZIP LAKELAND FL 32801TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DT ☒ Change ☐ Addition

1.2 NAME MABEL BUMPUS

1.3 STREET ADDRESS 2309 IVEY LANE

1.4 CITY-ST-ZIP LAKELAND, FL 33801

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME SHELBY STEWART

2.3 STREET ADDRESS 1625 LESLIE DRIVE

2.4 CITY-ST-ZIP LAKELAND, FL 33801

3.1 TITLE DC ☒ Change ☐ Addition

3.2 NAME GEORGE BEALL

3.3 STREET ADDRESS 1515 OLD DIXIE HIGHWAY

3.4 CITY-ST-ZIP AUBURNDAL, FL 33823-9787

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 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:

SIGNATURE REQUIRED

*Mabel Bumpus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052485

CR2E037 (9/96)