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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003351

1. Corporation Name
CHURCH OF CHRIST IN INVERNESS, INC

Principal Place of Business 4196 SOUTH PLEASANT GROVE RD. INVERNESS FL 34452	Mailing Address 4196 SOUTH PLEASANT GROVE RD. INVERNESS FL 34452
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2. Principal Place of Business 21 3875 S. Pleasant Grove Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 3875 S. Pleasant Grove Rd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 07/11/1995
22 City & State 23 INVERNESS FL	27 City & State 28 INVERNESS, FL	4. FEI Number 31-1548615 Applied For <input type="checkbox"/> Not Applicable
24 Zip 34452	25 Country Citrus	29 Zip 34452
	30 Country Citrus	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLARK, DAVID
3229 S. ROSE AVE.
INVERNESS FL 34451

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *David H. Clark* **David H. Clark Treasurer** DATE: **1-13-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FEESER, MICHAEL	
STREET ADDRESS	9640 EAST SILVER OAKS TRAIL	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOOVER, GEORGE	
STREET ADDRESS	9761 EAST SILVER OAKS TRAIL	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLARK, DAVID	
STREET ADDRESS	3229 S. ROSE AVE	
CITY-ST-ZIP	INVERNESS FL 34450	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: *David H. Clark* **David H. Clark Treasurer** DATE: **1-13-99** Daytime Phone #: **(352) 637-1728**

Signature and typed or printed name of signing officer or director

CR2E037 (1/98)