

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

153

DOCUMENT # N95000004323 (0)

1. Corporation Name

CHURCH COMMUNITY HISTORICAL ASSOCIATION, INC.



Principal Place of Business  
S.W.  
2055 WEST KANNER HWY  
STUART FL 34997

Mailing Address  
S.W.  
2055 WEST KANNER HWY  
STUART FL 34997

3. Date Incorporated or Qualified  
09/07/1995

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 Zip Country

29 Zip Country

4. FEI Number

65-0626653

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

10. Name and Address of New Registered Agent

SCOTT, PORTIA B  
700 COLORADO AVE  
STURAT FL 34994

81 Name

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

83 400001833804

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)

4/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mildred Clowts	
1.3 STREET ADDRESS	2055 S.W. KANNER HWY.	
1.4 CITY - ST - ZIP	STUART, FL 34997	
2.1 TITLE	Vice-Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M. Laird WEAVER	
2.3 STREET ADDRESS	469 SE Seville St.	
2.4 CITY - ST - ZIP	STUART, FL 34994	
3.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terri Bonnett - Weaver	
3.3 STREET ADDRESS	469 SE Seville St.	
3.4 CITY - ST - ZIP	STUART, FL 34994	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dr. William Bryant	
4.3 STREET ADDRESS	4692 S.W. Branch Ter.	
4.4 CITY - ST - ZIP	Palm City, FL 34990	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mrs. William R. Scott	
5.3 STREET ADDRESS	216 S.E. Martin Rd.	
5.4 CITY - ST - ZIP	STUART, FL 34996	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James Christie	
6.3 STREET ADDRESS	915 Hall St.	
6.4 CITY - ST - ZIP	STUART, FL 34994	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

Date

407-283-0995

Daytime Phone #

CR2E037 (12/95)

N95000004323

2-3

Chairman

Mildred Clonts

2055 S.W. Kanner Hwy.  
Stuart, Fl. 34997

Vice-Chairman

M. Laird Weaver

469 S.E. Seville St  
Stuart, Fl. 34994

Secretary/Treasurer

Terri Bonnett-Weaver

469 S.E. Seville St.  
Stuart, Fl. 34994

Director

3-3

Dr. William Bryant  
4692 S.W. Branch Ter.

Palm City, Fl. 34990

Director

Mrs. William R. Scott  
216 S.E. Martin Rd.

Stuart, Fl. 34996

Director

James Christie

915 Hall St.

Stuart, Fl. 34994