FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

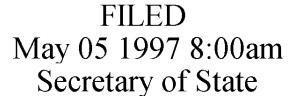
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N95000004323 (0)

CHURCH COMMUNITY HISTORICAL ASSOCIATION, INC.





rincipal riace of business				Mailing Address										
2055 SW KANNER HIGHWAY STUART FL 34997				2055 SW KANNER HIGHWAY Stuart Fl 34997-2806							•	, •		
									3. Date incorporated or Qualified 09/07/1995 3a. Date of Last Report 05/20/1996					
2. Principal Place of Business				2a. Mailing Address					4. FEI Number	٥			Applied For	
21	A 11		26	<u> </u>					65-0626653 Not Applicable					
Suite, Ap			27						5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required			
City & State			}q	City & State					6. Election Campaign Trust Fund Contrib	~	\$5.00 May Be Added to Fees			
Zip	Country			Zip Country					8. This corporation ha			x under		
24	25			29 30					Florida Statutes Yes No					
	9. Name	and Address of Currer	nt Register	ed Agent					io. Name and Addre	s of New Re	platered A	ent .	<u></u>	
						81	Nam	ө						
SCOTT, PORTIA B 700 COLORADO AVE				82			Stree	et Address	t Address (P.O. Box Number is Not Acceptable)					
	AT FL 34994					83	•							
						84	City				FL	85 Zip	Code	
11 Pursuar	nt to the provis	ions of Sections 617 050	12 and 617	1508 Florida Stati	ites the e		-name	d corpora	tion cubmite this state	ment for the n		hanging	ite repietered	
office of	registered a	sions of Sections 617.050 gent, or both, in the State inc, and accept the oblig	of Florida	Such change was	authorize	d by	the co	orporation'	's board of directors. I	hereby accel	t the appoi	ntment a	s registered	
agent. I	art familiar w	no, and accept the oblig	ations of, S	ection 617.0503, F	·lorida Sta	lutes	i. 			11	nala:	1		
SIGNATURE	- Million	I or printed hame of registered age		PORTIA	ムン	مې	П		nen reinstating)	4	147	<u>t</u>		
12.	Signature, typed	OFFICERS AN			13.	o Age	ni signati	ne tedrited M	ADDITIONS/CHANC	בכ דה הדבור	DATE AND	DECTO	IDS IN 12	
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NAME		S, MILDRED			1.2 N						-	- Discussion	C Madition	
STREET ADDRESS		W KANNER HIGHWAY	v				ADDRES:	.						
CITY-ST-ZIP		T FL 34997	•		l l	17Y-\$1		`						
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NAME	1	R, M. LAIRD			2.2 N							,		
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NAME		TT-WEAVER, TERRI			3.2 N									
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CITY-ST-ZIP		T FL 34994					T- Z IP							
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NAME	1 -	T. WILLIAM DR.			4.2 N	AME								
STREET ADDRESS		W BRANCH TERRACE	E		4.3 5	TREET.	ADDRES:	s	A	the state of	ali en e m ë	4,43		
CITY - ST - ZIP		CITY FL 34990			4.4 C	TY-SI	T-ZIP		•					
TITLE	D			DELETE	5.1 TI	_]	Change	Addition	
NAME		, WILLIAM R MRS			5.2 N	AME				•				
STREET ADDRESS	s 216 SE	MARTIN ROAD			5.3 S	TREET	ADDRES:	s						
CITY-\$1-ZIP	STUAR	T FL 34996			5.4 CI	TY-SI	T-ZIP							
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NAME	CHRIST	Tie, James			6.2 N	AME				* .	100			
STREET ADDRESS	s 915 HA	LL STREET			6.3 S	TREET.	ADDRESS	s			t et al.			
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4.4 Lefa has	and the second state of the second	t the information evention	al 21 tl 5	P1	116 . 1 1			7 4 111	Castina 440 07(0)(3) 5	9 11 0			* **	

a do nereby certify that the information supplied with this filling 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.