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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004323 (0)**

1. Corporation Name

CHURCH COMMUNITY HISTORICAL ASSOCIATION, INC.

Principal Place 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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	CLONTS, MILDRED	
STREET ADDRESS	2055 SW KANNER HIGHWAY	
CITY - ST - ZIP	STUART FL 34997	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WEAVER, M. LAIRD	
STREET ADDRESS	469 SE SEVILLE STREET	
CITY - ST - ZIP	STUART FL 34994	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BONNETT-WEAVER, TERRI	
STREET ADDRESS	469 SE SEVILLE STREET	
CITY - ST - ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, WILLIAM DR.	
STREET ADDRESS	4892 SW BRANCH TERRACE	
CITY - ST - ZIP	PALM CITY FL 34980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCOTT, WILLIAM R MRS	
STREET ADDRESS	216 SE MARTIN ROAD	
CITY - ST - ZIP	STUART FL 34998	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTIE, JAMES	
STREET ADDRESS	915 HALL STREET	
CITY - ST - ZIP	STUART FL 34994	

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 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 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: **Mildred Clonts** **BAHANDE Clonts** **April 22, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Florida Phone # 800-352-0030

CR2E037 (9/96)