

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # N95000005435 (1)
 1. Corporation Name
PARROTT AVE CHRISTIAN CHURCH, INC.



Principal Place of Business 119 SOUTH PARROTT OKEECHOBEE FL 34974	Mailing Address P.O. BOX 1785 OKEECHOBEE FL 34973-1785 US
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3. Date Incorporated or Qualified 11/14/1995	3a. Date of Last Report 06/17/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0525021	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THOMAS, DAVID
 119 SOUTH PARROTT
 OKEECHOBEE FL 34974**

10. Name and Address of New Registered Agent

81 Name James N Tyler
82 Street Address (P.O. Box Number is Not Acceptable) 739 S.E. 36th Terrace
83 City okeechohee
84 State FL
85 Zip Code 34973

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]* DATE: **4-8-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWARTZ, GRANT		1.2 NAME Marker, Charles W	
STREET ADDRESS 13284 SW 144 PARKWAY		1.3 STREET ADDRESS 1307 S Parrott Ave 59A	
CITY-ST-ZIP OKEECHOBEE FL 34972		1.4 CITY-ST-ZIP Okeechohee, FL 34974-5299	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEISNER, BILLY		2.2 NAME Yoder, David	
STREET ADDRESS 7619 N.W. 84TH COURT		2.3 STREET ADDRESS 8613 SE 59th DR	
CITY-ST-ZIP OKEECHOBEE FL 34972		2.4 CITY-ST-ZIP Okeechohee, FL 34974	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASTERS, JOHN		3.2 NAME Nealis, James	
STREET ADDRESS 2305 NE 131 LANE		3.3 STREET ADDRESS 560 SW 87th TER	
CITY-ST-ZIP OKEECHOBEE FL 34972		3.4 CITY-ST-ZIP Okeechohee, FL 34974	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **4/8/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)