

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

DOCUMENT # N95000005661 (2)

1. Corporation Name

**BURNHAM CHRISTIAN CHURCH (DISCIPLES OF CHRIST),
INC.**



Principal Place of Business

Mailing Address

**RT 1, BOX 160-A
JENNINGS FL 32053**

**RT 1, BOX 160-A
JENNINGS FL 32053**

3. Date Incorporated or Qualified
11/29/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 **SAME AS ABOVE**

26 **N/A - SAME AS ABOVE**

4. FEI Number

59-3370414

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

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

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, RONNY C
RT 1, BOX 160-A
JENNINGS FL 32053**

81 Name

RONNY C. MORGAN

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

RT 1, Box 160-A

83

84 City

JENNINGS

FL

85 Zip Code
32053

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

(Not a Registered Agent signature required for translation)

Ronny C. Morgan

4/5/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D MORGAN, RONNY C**
STREET ADDRESS **RT 1, BOX 160-A**
CITY-ST-ZIP **JENNINGS FL 32053**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MORGAN, LOUISE K**
STREET ADDRESS **RT 1, BOX 160-A**
CITY-ST-ZIP **JENNINGS FL 32053**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D MORGAN, DOYLE C**
STREET ADDRESS **RT 1, BOX 148**
CITY-ST-ZIP **JENNINGS FL 32053**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D LEUTNER, DOROTHY S**
STREET ADDRESS **RT 1, BOX 171**
CITY-ST-ZIP **JENNINGS FL 32053**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D DEAS, WILMER**
STREET ADDRESS **P O BOX 630 N/A**
CITY-ST-ZIP **JENNINGS FL 32053**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Ronny C. Morgan

RONNY C. MORGAN

4/5/96

(904) 938-3453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)