FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # N96000001470 (1)

1. Corporation Name
CHURCH OF CHRIST OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
936 NORTH WILDER ROAD PLANT CITY FL 33566	936 NORTH WILDER ROAD PLANT CITY FL 33566

3. Date Incorporated or Qualified: 03/15/1996

4. FEI Number: 59-2715062 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 315 North Wilder Road
22 Suite, Apt. #, etc.
23 City & State: Plant City,Fl.
24 Zip: 33566 25 Country: Hillsbrough

2a. Mailing Address
26 315 North Wilder Road
27 Suite, Apt. #, etc.
28 City & State: Plant City,Fl.
29 Zip: 33566 30 Country: Hillsbrough

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, ERCELLE
936 NORTH WILDER ROAD
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 315 North Wilder Road
83
84 City: Plant City **FL** 85 Zip Code: 33566

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 X Ercelle Smith 1-6-98
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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOBLEY, ELWOOD		1.2 NAME	
STREET ADDRESS	103 A NORTH DAVIS		1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ERCELLE		2.2 NAME	
STREET ADDRESS	2305 CLEMMONS ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, WILLIE		3.2 NAME	
STREET ADDRESS	1309 WINDJAMMER PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WOMACK, WILLIAM V		4.2 NAME	
STREET ADDRESS	5043 NINTH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHRYHILLS FL 33540-5178		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

14. I 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: Ercelle Smith SIGNATURE REQUIRED 1-6-98
SIGNATURE AND TITLE OF PRESIDENT OR OTHER OFFICER OR DIRECTOR Date