

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001782 (9)
1. Corporation Name
OLD CHRIST CHURCH FOUNDATION, INC.



Principal Place of Business 18 W WRIGHT ST PENSACOLA FL 32501	Mailing Address 18 W WRIGHT ST PENSACOLA FL 32501
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3. Date Incorporated or Qualified
04/02/1996

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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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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6. 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

**CURRIN, B M
18 W WRIGHT ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRIN, B. M	1.2 NAME	Secretary "D"
STREET ADDRESS	18 W. WRIGHT STREET	1.3 STREET ADDRESS	Roderic Magie
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	609 Crown Cove
TITLE	DCH <input type="checkbox"/> DELETE	2.1 TITLE	Pensacola, FL 32501 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGEMAN, WYLIE	2.2 NAME	Treasurer "D"
STREET ADDRESS	1920 VILLAFANE DRIVE	2.3 STREET ADDRESS	Collier Merrill
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	P.O. Box 710 (N/A) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	YONGE, HENRY	3.2 NAME	
STREET ADDRESS	1014 HARBOURVIEW CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	
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 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: *B.M. Currin* **B.M. CURRIN** 1/27/98 850-432-5115

CR2E037 (10/97)