FILE NOW: FILING FEE IS \$61.25					F	FILED	
NONPROFIT					May 19	1997 8:00am	
	CORPORATION Secretary of State				2	ary of State	
			Secretary DIVISION OF D		Scoleta	ary or State	
	·····		0004 (5)				
1. Corporation	MENT # N9	600000)2694 (5))			
BLOUN	ITSTOWN CHURCH	OF CHRIST, I	NC.				
Principal Place of Business			ling Address			A NOTIN SERVICENTA TANDA EKINE ABITA DADA	
277 SHUMAN FERRY ROAD			SHUMAN FERRY ROAL	0			
ALTHA FL 324	a	ALI	HA FL 32421		3. Date Incorporated or Qualified	3a. Date of Last Report	
					05/21/1996	04/06/97	
·	ace of Business		Mailing Address		4. FEI Number	Applied For	
21 Suite, Apt. :	#, ølc.		Suite, Apt. #, etc.	4	5. Certificate of Status Desired	\$8.75 Additional	
22 City & State		27	City & State			Fee Required	
23	1		BLOUNTS TOU	SN. FLORIC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Zip	Country 30 Calhou	8 This corporation has listility for	intangible tax under s. 199.032, Yes VNo	
24	25 9. Name and Address of		72 Y2 Y	30 - 417194	Florida Statutes		
				81 Name	Bateman, Day	lid	
BATEMAN, DAVID SIZE Street Address (P.O. Box Number is Not Acceptable)							
	FL 32421			83	TVI TICINI VEALA	Nead Apt 100	
				84 Gity	00-	85 Zip Code	
11. Pursuant I	o the provisions of Sections	617.0502 and 617	7.1508, Florida Statute		corporation submits this statement for the poration's board of directors. I hereby acce	FL 32413 purpose of changing its registered	
office or n agent. La	egistered agent, or both, in m familiar with, and accept	the State of Florida the obligations of, I	 Such change was a Section 617.0503, Flo 	uthorized by the con rida Statutes.	poration's board of directors. I hereby acce	pt the appointment as registered	
SIGNATURE	Signature, typed or printed name of re	gistered agent and tille if	applicable. (NOTE	Registered Agent signature	required when reinstating)	DATE	
12.		CERS AND DIRECT	IORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE NAME	pd Snyder, don			1.1 TITLE 1.2 NAME	SNYDER, DOW		
STREET ADORESS	277 SHUMAN FERRI	(ROAD		1.3 STREET ADDRESS	P. 6. Box 452, ALTHA	, fr. 32421 N/A	
CITY-ST-ZIP TITLE	ALTHA FL 32421		DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VD		
NAME	VD Bateman, David			2.2 NAME	Bateman, David 14705 Front Beach		
STREET ADDRESS	277 SHUMAN FERRY	r Road		2.3 STREET ADDRESS	14705 Front Beach	h Road Apt 100	
CITY-ST-ZIP	ALTHA FL 32421		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	BANAMA CITT BEA	CH, FL: 32413	
TITLE NAME	sd Snyder, John		Hand Deally	3.2 NAME	Snyder, John	Login Vinerger Loop Charles Mit	
STREET ADDRESS	277 SHUMAN FERRY	Y ROAD		3.3 STREET ADORESS	216 Orange St	0 + 11 + 14	
CITY-ST-ZIP TITLE	ALTHA FL 32421		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	BLOWNTS TOWN, FL.	32Y2Y	
NAME	-		Lang Perete	4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		<u></u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			protic	5.2 NAME		terres of the state of the stat	
STREET ADDRESS				5.3 STREET ADDRESS			
CHTY - ST - ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME			being prochable	6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP	by certify that the information	n supplied with this	s filina does not qualif	6.4 CITY-ST-ZIP	tated in Section 119.07(3)(i), Florida Statuti	as. I further certify that the	
informatio	n indicated on this annual r	eport or suppleme	ntal annual report is tr	ue and accurate and	t that my signature shall have the same leg report as required by Chapter 617, Florida	al effect as if made under oath: that i	
appears i	n Block 12 or Block 13 if ch	anged, or or in at	tachment with an add	Iress.			
SIGNAT	URE: Un	11 Jandy	HAL REO	UIRED	4/27/97	904 762 3163	
	BRINATURE AN	U THEO ON PRINCED N	IAME OF BIGNING OFFICER	on pineo (un	 Catto 	Carrie Prone # 0077509	