

FILE NOW: FILING FEE IS \$61.25

FILED

Aug 19 1998 8:00am  
Secretary of State

|  |   |  |
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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northing</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **N96000003179 (6)**  
1. Corporation Name

**BRADENTON CHURCH OF CHRIST, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6002 VIVIENDA DR W<br/>BRADENTON FL 34207</b> | Mailing Address<br><b>6002 VIVIENDA DR W<br/>BRADENTON FL 34207</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>2306 53rd Avenue W.</b><br>Suite, Apt. #, etc.<br>22 | 2a. Mailing Address<br>26 <b>P.O. Box 10932</b><br>Suite, Apt. #, etc.<br>27                |
| City & State<br>23 <b>Bradenton, FL</b><br>Zip<br>24 <b>34207</b> Country<br>25 <b>U.S.</b>  | City & State<br>28 <b>Bradenton, FL</b><br>Zip<br>29 <b>34282</b> Country<br>30 <b>U.S.</b> |

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/13/1996</b>   |  |
| 4. FEI Number<br><b>65-0670026</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |           |
|--|-----------|
| 9. Name and Address of Current Registered Agent<br><b>ATKINSON, ROBERT<br/>6002 VIVIENDA DR W<br/>BRADENTON FL 34207</b> |           |
| 81 Name  |           |
| 82 Street Address (P.O. Box Number is Not Acceptable)  |           |
| 83   |           |
| 84 City  | <b>FL</b> |
| 85 Zip Code  |           |

|   |           |
|---|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 85 Zip Code   |           |

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 Robert Atkinson, Trustee  
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                      | <b>DPS</b> <input type="checkbox"/> DELETE           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ATKINSON, ROBERT</b>                              | 1.2 NAME  |   |
| STREET ADDRESS             | <b>6002 VIVIENDA DR W</b>                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL 34207</b>                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DT</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>NYE, PHILLIP</b>                                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2819 BAYSHORE GARDEN PKWY</b>                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL 34207</b>                            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DV</b> <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BAKER, JAMES</b>                                  | 3.2 NAME  |   |
| STREET ADDRESS             | <b>22 APPLE AVE</b>                                  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON FL 34207</b>                            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>DT</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROBERT MILLER</b>                                 | 4.2 NAME  |   |
| STREET ADDRESS             | <b>4040 IRONWOOD CIR, #502F</b>                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BRADENTON, FL 34209</b>                           | 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: Robert Atkinson 4-19-98 (941) 366-7133

CR2E037 (10/97)