## • FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT #

N97000004149 (7)

**OLIVE STREET CHURCH OF CHRIST INCORPORATED** 

Principal Place of Business	Mailing Address
809 OLIVE STREET	519 KIRBY STREET
PALATKA FL 32177	PALATKA FL 32177

FILED Feb 18 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

07/22/1997 4. FEI Number

			Not Applicable		
2. Principal Place		ou 5t.	5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt. #, e		1	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State	City & State	- (	7. Is this nonprofit corporation a homeowners association?		
23 talat		~1.	Yes No		
23217	7 25 Putnam 20 32177 30	Country	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	10. Name and Address of New Registered Agent			
81 Name					
JONES, RO	NNIF SR	82 Street A	vone		
519 KIRBY STREET			Address (P.O. Box Number is Not Acceptable)		
PALATKA FL 32177					
FADATION FE 32111					
			FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent agent are required when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE 1977	HILL TEN	1.1 TITLE	Ministert Director + Trustec - Change - Addition		
NAME Re	onnie Jones Sp. T+D		Ronnic Jones Sp.		
STREET ADDRESS 5 L	ly kirby of	1.3 STREET ADDRESS	519 K: 164 S+		
CITY-SI-ZIP CO	alatka kl. 32177	1.4 CITY-ST-ZIP	Rabalka Ft. 32177		
	LETE MAY		Secretary + Truste Change Addition		
NAME 1	ilk mae Jones		Lillie mast Jones		
	19 Kirby St	2.3 STREET ADDRESS	519 Kirby St		
	palat ka' Fl. 32177	2.4 CITY-ST-ZIP	•		
	1. C. Hickman	3.1 TITLE	Director + Truster president   Change   Addition		
NAME P	resident TID,	3.2 NAME	W.C. Hick man		
STREET ADDRESS / 3	ar veluet St	3.3 STREET ADDRESS	128 veluet St		
	plevlachen Fl. 32148	3.4. CITY-ST-ZIP	Interlachen FL, 82149		
	Erginia Hickman Doctor	4.1 TITLE	Treasurer + Thustee		
	reasurer	4. 2 NAME	Virginia Hickman		
	hy velvet st		124 velver et		
CITY-ST-ZIP 3	shylacting Fl. 82148	4.4 CITY-ST-ZIP	Interlaction Fl. 30148		
THILE	rustee		True Lee Addition		
NAME R	onnie Jone Su. T.	5.2 NAME	Romie Jones Iv.		
STREET ADDRESS 5 1	a Kirby st	5.3 STREET ADDRESS	BIA Kirby St		
	Matka Fl. 32177	5.4 CITY-ST-ZIP	Palatka Fl. 32177		
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			
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					
indicated on this aringar report of supplemental annual report is true and accorate and that his signature shall have the same legal effect as it made under oath; that I am an					

SIGNATURE: Tellie Mac Gong, Lillie mar Jones 1-6.98 329-893

(10/97)