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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 709909 (6)
1. Corporation Name
EAGLE LAKE CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
261 CORNER OF 3RD & BAY AVE BOX 582 EAGLE LAKE FL 33839

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 11/12/1965 3a. Date of Last Report 04/28/1994
4. FEI Number 06-0041615 59-2878260 Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARTON, VICTOR H.
215-3RD ST., P. O. BOX 67
EAGLE LAKE FL 33839

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, VICTOR H	12 NAME	000001459780
STREET ADDRESS	215-3RD ST	13 STREET ADDRESS	-04/19/95--01006--005
CITY - ST - ZIP	EAGLE LAKE FL	14 CITY - ST - ZIP	*****613288 39****61.25
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNHILL, C L	22 NAME	
STREET ADDRESS	3835 THORNHILL RD.	23 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	24 CITY - ST - ZIP	33880
TITLE	OO	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNHILL, C.A.	32 NAME	
STREET ADDRESS	4550 NEWLYN LN.	33 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	34 CITY - ST - ZIP	33880
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, CALVIN	42 NAME	
STREET ADDRESS	4821 MARKWAY	43 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	44 CITY - ST - ZIP	33830
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Victor H. Barton 4/6/95 293-3573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR