

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                                                                           |                                                                                                    |
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| Principal Place of Business<br><b>261 CORNER OF 3RD &amp; BAY AVE<br/>BOX 582<br/>EAGLE LAKE FL 33839</b> | Mailing Address<br><b>261 CORNER OF 3RD &amp; BAY AVE<br/>BOX 582<br/>EAGLE LAKE FL 33839-0582</b> |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                                                                      |                                                                                           |                                                        |                                              |                                    |                               |                                                                                                            |                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 3. Date Incorporated or Qualified<br><b>11/12/1965</b> | 3a. Date of Last Report<br><b>04/12/1996</b> | 4. FEI Number<br><b>59-2878260</b> | Applied For<br>Not Applicable | 5. Certificate of Status Desired <input checked="" 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> | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                               |  |  |  |                                              |                                                    |           |    |
|-------------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|-----------|----|
| 9. Name and Address of Current Registered Agent                               |  |  |  | 10. Name and Address of New Registered Agent |                                                    |           |    |
| <b>BARTON, VICTOR H<br/>215-3RD ST., P. O. BOX 67<br/>EAGLE LAKE FL 33839</b> |  |  |  | 81                                           | Name                                               |           |    |
|                                                                               |  |  |  | 82                                           | Street Address (P.O. Box Number is Not Acceptable) |           |    |
|                                                                               |  |  |  | 83                                           |                                                    |           |    |
|                                                                               |  |  |  | 84                                           | City                                               | <b>FL</b> | 85 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BARTON, VICTOR H                   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 215-3RD ST                         | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | EAGLE LAKE FL 33839                | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THORNHILL, C L                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3935 THORNHILL RD.                 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880              | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | OD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THORNHILL, C A                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4550 NEWLYN LN.                    | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880              | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUBBARD, CALVIN                    | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 4821 MARKWAY                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | BARTOW FL 33830                    | 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 do 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.

CF2E037 (9/96)