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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709909 1. Corporation Name

EAGLE LAKE CHURCH OF CHRIST, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90016 027 ****70.00

							٠,	
Principal Place of Business Mailing Address								
261 CORNER OF 3RD & BAY AVE 261 CORNER OF 3RD & BA			Y AVE					
BOX 582 BOX 582 EAGLE LAKE FL 33839 EAGLE LAKE FL 33839								
CAGCC CARE	1 L 33003	ENGLE DINC 12 0000						
2. Principal F	Place of Business	2a. Mailing Address			 Date Incorporated or Qualifed 11/12/1965 	I .		
21		Suite, Apt. #, etc.			4. FEI Number		Apr	lied For
Suite, Apt.	. #, etc.	27 Suite, Apr. #, etc.			59-2878260		· · ·	Applicable
City & Sta	te	City & State					\$8.75 A	
23		28			5. Certifcate of Status Desired	ta	Fee Red	quired
Zip	Country	Zip	Country		6. Election Campaign Financing		\$5.00	May Be
24	25	29 3	30		Trust Fund Contribution		Added to	Fees
	9. Name and Address of Curren	t Registered Agent		·	10. Name and Address of New	Registered	Agent	
			81	Name				
BARTON, VICTOR H			82	Street Add	Idress (P.O. Box Number is Not Acceptable)			
215-3RD ST., P. O. BOX 67			83					· · ·
EAGLE LAKE FL 33839			63					
			84	City		EI	85 Zip C	ode
	to the provisions of Sections 617.050			l		<u> </u>	f shoosing its	registered
	to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Elorida. Such change was auf	honzed by	the comorati	on's board of directors. I hereby acce	pt the appo	intment as reg	jistered
SIGNATURE								
	Signature, typed or printed name of registered ager			nt signature require	ed when reinstating) ADDITIONS/CHANGES TO O	DATE AL	ND DIRECTO	DC IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO O	FICERS A	Change	Addition
TITLE	PD PARTON VICTOR II	Ü bere i e	1.2 NAME		1. 21%			
NAME	BARTON, VICTOR H			TADDRESS				
STREET ADDRESS	215-3RD ST EAGLE LAKE FL 33839		1.3 STREE		•			
CITY-ST-ZIP	VP	[] DELETE	2.1 TITLE	1-ZIP			☐ Change	Addition
NAME	THORNHILL, C L	,	2.2 NAME					
STREET ADDRESS	AAAA 90 10 00 111 1 1 1 1 1 1 1 1 1 1 1 1 1			TADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL 33880		2.4 CITY-5					
TITLE	-OD	☐ DELETE	3.1 TITLE		سيسمه ۱۰ د مد		Change	Addition
NAME	THORNHILL, C A		3.2 NAME					
STREET ADDRESS			3.3 STREE	TADORESS				•
CITY-ST-ZIP	WINTER HAVEN FL 33880		3.4. C/TY-5	ST-ZIP				—
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME	HUBBARD, CALVIN		4. 2 NAME					
STREET ADDRESS	4821 MARKWAY		4.3 STREE	T ADDRESS		*	* *	* 1
CITY-ST-ZIP	BARTOW FL 33830		4.4 CITY-5	T-ZIP	***************************************	·		- 3.
TITLE		☐ DELETÉ	5.1 TITLE				. Change	Addition
NAME			5.2 NAME	T ADDDECO				
STREET ADDRESS	5			T ADDRESS				
OUT COT TIE	}		5.4 CITY-S	H-ZP I				

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WAREVICTOR H BARTON 1/20/99 941-293-3573

Change

___ Addition