
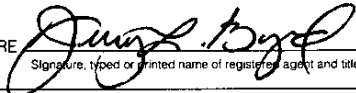

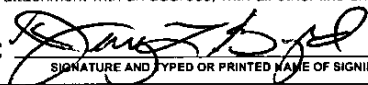
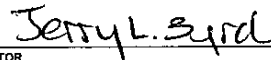


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90189 028 ****61.25

DOCUMENT # 726797			
1. Entity Name FREEPORT CHURCH OF CHRIST, INC.			
Principal Place of Business U.S. HWY. 331 SOUTHCHOCTAWHATCHEE IDGE RD/PO BOX 66 FREEPORT, FL 32439 US		Mailing Address U.S. HWY. 331 SOUTHCHOCTAWHATCHEE IDGE RD/PO BOX 66 FREEPORT, FL 32439 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 66	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Freeport, FL	
Zip	Country	Zip	Country
32439	USA	32439	USA
4. FEI Number 59-1951396		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CUCHENS, HUBERT E WEST BAYLOOP RD. 1811 W. BAYLOOP ROAD FREEPORT, FL 32439		Name Jerry L. Byrd	
		Street Address (P.O. Box Number is Not Acceptable)	
		853 Phillips Dr.	
		City	FL Zip Code
		Freeport	32439
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		SIGNATURE 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 1-17-07		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, CARL A	NAME	
STREET ADDRESS	294 MALLARD CREEK	STREET ADDRESS	
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	PDST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRD, JERRY L	NAME	Jerry L. Byrd
STREET ADDRESS	853 PHILLIPS DR.	STREET ADDRESS	853 Phillips Dr.
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP	Freeport, FL 32439
TITLE	VDS <input checked="" type="checkbox"/> Delete	TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUCHENS, HUBERT E	NAME	Michael Porter
STREET ADDRESS	1811 W. BAYLOOP ROAD	STREET ADDRESS	427 Deshaup Rd.
CITY-ST-ZIP	FREEPORT, FL	CITY-ST-ZIP	Crestview, FL 32539
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		SIGNATURE: 	
Signature and typed or printed name of signing officer or director		Date	
		1-17-07	
		850-835-5100	

4000JW00



01172007 Chg-NP CR2E037 (12/06)