


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H49928</b> 1. Entity Name <b>CHURCH STREET CENTER, INCORPORATED</b>	
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Principal Place of Business <b>2484 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952</b>	Mailing Address <b>2484 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For <b>59-2537983</b> <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DUNNING, RALPH R 1373 BENT PALM DRIVE MERRITT ISLAND FL 32952</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent (if not applicable)      (If OFF Registered Agent Signature required when relocating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHETT, NELL	NAME	
STREET ADDRESS	2484 NEWFOUND HARBOR DR	STREET ADDRESS	U00000851587
CITY- ST- ZIP	MERRITT ISLAND FL 32952	CITY- ST- ZIP	03/25/08-80044-023 150.00
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNING, RALPH R.	NAME	
STREET ADDRESS	1373 BENT PALM DRIVE	STREET ADDRESS	
CITY- ST- ZIP	MERRITT ISLAND FL 32952	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	
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 Section 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 607, 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:** *Nell J Pritchett*      3-6-08      321-452-3095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #