


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N42625**  
 1. Entity Name  
**CAROLINA AVENUE CHURCH OF CHRIST, INC.**



Principal Place of Business 296 E FIRST & CAROLINA AVE AVON PARK, FL 33825 US	Mailing Address PO BOX 86 AVON PARK, FL 33826-0086 US
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**DO NOT WRITE IN THIS SPACE**



01142007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2199826	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROBERTS, LESTER A.  
 1002 S. WALDRON AVE.  
 AVON PARK, FL 33825

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LESTER A. 1002 S. WALDRON AVE AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, WILLIE 1424 S CAROLINA AVE AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, CHARLIE 2580 W STRYKER RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLIBURTON, JESSIE 605 S VERONA AVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000657389  
 03/14/07-80067-009 61.25

**DO NOT WRITE IN THIS SPACE**

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 persons empowered.

**SIGNATURE:** *Lester A. Roberts* **01-14-07 863-449-7465**

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