

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90004 036 ****70.00

DOCUMENT # N93000004608					
1. Entity Name FIRST CHRISTIAN CHURCH OF LAKE CITY, INC.					
Principal Place of Business 403 WEST DUVAL LAKE CITY, FL 32056 US			Mailing Address P.O. BOX 967 LAKE CITY, FL 32056 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 32055	Country	Zip	Country		
4. FEI Number 59-2358745				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHLICH, VONCEIL 216 SW MAIN BLVD LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name <u>Kahllich, Vonceil</u> Street Address (P.O. Box Number is Not Acceptable) <u>403 West Duval</u> City <u>Lake City</u> FL Zip Code <u>32055</u>		
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 <u>Vonceil M. Kahllich</u> <u>Vonceil M. Kahllich, Treasurer</u> <u>2/6/06</u> Signature, typed or printed name of registered agent and \$5 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLARK, FAYE 403 WEST DUVAL LAKE CITY, FL 32056 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SISTRUNK, H L 403 WEST DUVAL LAKE CITY, FL 32056 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Sistrunk, H L 578 SW Duckett Ct. Lake City, FL 32024 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CARR, CHRISTINE 403 WEST DUVAL LAKE CITY, FL 32056 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Kahllich, Vonceil 403 West Duval Lake City, FL 32055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Poole, Carol 403 West Duval Lake City, FL 32055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O Ross, Morris 403 West Duval Lake City, FL 32055 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	O Mabry, George 841 SW Grandview Lake City, FL 32025 ☐ Change ☒ Addition	
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: <u>Hughy L. Sistrunk</u> <u>Hughy L. Sistrunk, 2/6/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					