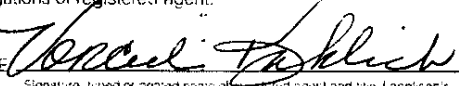


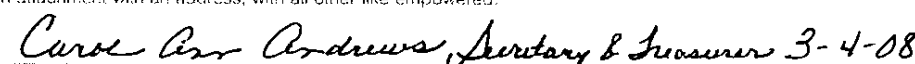
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90035 023 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KAHLICH, VONCEIL 403 W DUVAL LAKE CITY FL 32055				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	*PRESIDENT CLARK, FAYE 403 WEST DUVAL LAKE CITY FL 32056 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CLARK, FAYE 403 WEST DUVAL ST. LAKE CITY, FL 32056 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV SISTRUNK, HL 403 WEST DUVAL LAKE CITY FL 32056 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & TREASURER CAROL A. ANDREWS 403 WEST DUVAL ST. LAKE CITY, FL 32056 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAROL A. ANDREWS SEC. & TREASURER KAHLICH, VONCEIL 403 WEST DUVAL LAKE CITY FL 32056 ☐ Delete →		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTH. SIGNER KAHLICH, VONCEIL 403 WEST DUVAL ST. LAKE CITY, FL 32056 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAHLICH, VONCEIL 403 WEST DUVAL LAKE CITY FL 32056 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, MORRIS 403 WEST DUVAL LAKE CITY FL 32056 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MABRY, GEORGE 841 SW GRANDVIEW LAKE CITY FL 32025 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 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:  **3-4-08 386-752-2805**