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	Mailing Address
403 WEST DUVAL LAKE CITY FL 32056 US	P.O. BOX 967 LAKE CITY FL 32056 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / 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
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 Vonceil Kahlich
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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	~~*V~~ ~~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. ANDREW~~ 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 ~~POOLE, CAROL~~ 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: Carol Ann Andrews, Secretary & Treasurer 3-4-08 386-752-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR