2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000003037

1. Entity Name
FIRST CHRISTIAN CHURCH OF STARKE, FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
507 W. CALL ST. STARKE, FL 32091	P.O. BOX 66 STARKE, FL 32091

02172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2201910
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, JOHN
1002 PRATT STREET
STARKE, FL 32091

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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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SELLERS, HERBERT S
STREET ADDRESS	6063 KINGSLEY LAKE DR.
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	WRIGHT, STEPHEN L
STREET ADDRESS	RT. 1, BOX 876
CITY-ST-ZIP	STARKE, FL
TITLE	D
NAME	CARVER, WARREN
STREET ADDRESS	RT 2 BOX 2375
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	NICOL SR, WILLIAM
STREET ADDRESS	5201 NW 181 WAY
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	WILLIAM, MICHAEL
STREET ADDRESS	3816 NW 216TH ST.
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80051-021 61.25

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen L. Wright Stephen L. Wright 3-1-05 (904)356-0835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #