2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 701201

1. Entity Name
SOUTH FLORIDA AVENUE CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
1807 SOUTH FLORIDA AVE. LAKELAND, FL 33803	1807 SOUTH FLORIDA AVE. LAKELAND, FL 33803

01142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-6522259
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THORNHILL, PAUL M
2435 PETERSON ROAD
LAKELAND, FL 33813

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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

H05000106035
01/21/05-80043-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DEAL, CHARLIE
STREET ADDRESS	1718 JOHN ARTHUR WAY
CITY-ST-ZIP	LAKELAND, FL
TITLE	VCD
NAME	FRENCH, GEO K
STREET ADDRESS	1233 FAIRLEE ST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	HOLTON, FINLEY
STREET ADDRESS	807 ELLERBE WAY
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	THORNHILL, PAUL
STREET ADDRESS	2435 PETERSON ROAD
CITY-ST-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Paul M Thornhill CCS PAUL M. THORNHILL SEC + DIR JAN 14, 05 (863) 646-1980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #