## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 11, 2007 8:00 am Secretary of State 04-11-2007 90033 005 \*\*\*\*61.25

DOCUMENT # 702210  1. Entity Name PALO ALTO CHURCH OF CHRIST INC				2007 90033 005 ****6	1.25	
Principal Place of Business         Mailing Address           3119 HWY 231         3119 HWY 231           PANAMA CITY, FL 32405         US         PANAMA CITY, FL 32405		405 US	400	<b>156830</b>		
Principal Place of Business - No P.O. Box #     Mailing Address		•				
Suite, Apt. #, etc. Suite, Apt. #, etc.			03152007 Chg-NP	CR2E037 (12/06)		
City & State City & State			4. FEI Number 59-1701205	<del></del> -	pplied For lot Applicable	
Zip Country	Zip	Country	5. Certificate of Status De	ssired S8.75 Ad		
6. Name and Address of Cur	rent Registered Agent		7. Name and Address of	· <del></del> _		
JOHNSON, JOHN L.		Name Ma	Name Marshall Dutton			
3116 SARASOTA AVENUE			Street Address (P.O. Box Number is Not Acceptable)			
PANAMA CITY, FL 32405		35	3507 Moore Road			
		City	rianna	FL Zip Coo		
8. The above named entity submits this statement	ent for the purpose of changing its			<u>,                                    </u>		
the obligations of registered agent.	_			, 1-		
Well A will	- MARSHALLO. DU	TOW		Haril5, 200>	•	
SIGNATURE Signature, typed or printed name of registered		E Registered Agent signature require	ed when reinstating)	DATE		
Signature, typed or printed name of registered	agent and title if applicable (NOT	E Registered Agent signature require	<u> </u>	D/RE	<del> </del>	
	agent and title if applicable (NOT		\$5.00 May Be Added to Fees	Make check payable of S	to	
Filling Fee is \$61.25 Due by May 1, 2007  10. OFFICERS AN	agent and title if applicable (NO1  9. Efection Ca  Trust Fund	E Registered Agent signature requirements from the Registered Agent signature requirements from the Registered Agent September 1.1.	\$5.00 May Be Added to Fees	D/तह Make check payable f	to State	
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Signature, typed or printed name of registered  Filling Fee is \$61.25  Due by May 1, 2007  10. OFFICERS ANI  IITLE D/ President  HARRISON, W GERALD	agent and title if applicable (NO1  9. Efection Ca  Trust Fund	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS  25	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO Hon, Marsh	Make check payable of Florida Department of S OFFICERS AND DIRECTORS II	to State	
Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IIILE D/ President HARRISON, W GERALD  STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/Secre-tarry	agent and title if applicable (NO1  9. Efection Ca  Trust Fund	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO HOME K OT Moore K arianna, F	Make check payable of Florida Department of S OFFICERS AND DIRECTORS II	to State	
Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IITLE NAME STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  IITLE NAME KELLER, JOE	9. Election Ca Trust Fund	TE Registered Agent signature requirements of the Property of	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO  HOORE K  ARICANNA, F	Make check payable of Florida Department of S  OFFICERS AND DIRECTORS IF Change CALL Change Change	to State N 10 (X) Addition	
Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IIILE D/ President HARRISON, W GERALD  STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/Secre-tarry	9. Election Ca Trust Fund	TE Registered Agent signature requirements from the requirements of the requirements o	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO  Hoore K  ATI ANNA, F	Make check payable of Florida Department of S  OFFICERS AND DIRECTORS II  Change  Change  Change	to State N 10 (X) Addition	
Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IITLE D/ President HARRISON, W GERALD STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/ Secretary KELLER, JOE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  ITTLE D/ Secretary KELLER, JOE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  IITLE D/ Treasurer	9. Election Ca Trust Fund	TE Registered Agent signature requirements from the requirements of the requirements o	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO  HOORE K  ATIANNA, F  TO Virgil  H31 Country  Nama City	Make check payable of Florida Department of S  OFFICERS AND DIRECTORS IF Change CALL Change Change	to State N 10 (X) Addition	
Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IITLE D/ President HARRISON, W GERALD STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/ SECRETARY KELLER, JOE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/ SECRETARY KELLER, JOE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  TITLE D/ TREALMENT JOHN L JOHNSON	9. Election Ca Trust Fund I	TE Registered Agent signature requirements from the requirements of the requirements o	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO  HOORE K ATI ANNA, I TO VIRGIL H311 Country  Nama City  H441 Country  Nama City  H441 Country	Make check payable Florida Department of S  OFFICERS AND DIRECTORS II Change Change Change Change Change	to State N 10 Addition	
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Filing Fee is \$61.25 Due by May 1, 2007  10. OFFICERS ANI  IITLE HARRISON, W GERALD  379 BUNKERS COVE RD  CITY-SI-ZIP PANAMA CITY, FL 32401  IITLE NAME STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  IITLE DESCRIPTION OF THE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32401  IITLE DESCRIPTION OF THE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32405  IITLE DESCRIPTION OF THE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32405  IITLE DESCRIPTION OF THE STREET ADDRESS CITY-SI-ZIP PANAMA CITY, FL 32404  ITTLE NAME STREET ADDRESS	9. Etection Ca Trust Fund I D DIRECTORS  Delete  Delete  Delete	TE Registered Agent signature requirements of the property of	\$5.00 May Be Added to Fees  ADDITIONS/CHANGES TO.  Iton, Marsh OT Moore K arianna, I  rr Virgil H3'1 Country  Mama City  Cheher, Bull  Cheher,	Make check payable of Florida Department of S  OFFICERS AND DIRECTORS II  Change	N 10  Addition  Addition  Addition	
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12. I hereby certify that the information supplied with this filing does not quality 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: \_