

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # 704125

1. Entity Name
BELLE GLADE CHURCH OF CHRIST PROPERTIES, INC.



Principal Place of Business
**125 NW AVENUE D
BELLE GLADE, FL 33430 US**

Mailing Address
**125 NW AVENUE D
BELLE GLADE, FL 33430 US**

DO NOT WRITE IN THIS SPACE



01112008, No Chg-NP CR2E037 (4/06)

4. FEI Number **65-0064171** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSICANO, RUDOLPH
1433 NW F PL
BELLE GLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000786226
01/17/08-80032-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	COPEN, GARY
STREET ADDRESS	18 NE AVENUE F
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	STD
NAME	PRIEST, A
STREET ADDRESS	157 N E 3 STREET
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	D
NAME	HUNTER, KENZIE L.
STREET ADDRESS	917 SW AVE G, PL
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	PD
NAME	MARSICANO, RUDOLPH
STREET ADDRESS	1433 NW F PL
CITY-ST-ZIP	BELLE GLADE, FL
TITLE	D
NAME	PELHAM, JOHN
STREET ADDRESS	101 4TH STREET
CITY-ST-ZIP	CANAL POINT, FL 33438
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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:

A.T. Priest, STD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 14, 2008 561-996-6131
Date Daytime Phone #