

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705881

FILED
Apr 15, 2009
Secretary of State

Entity Name: COLLEGE ROAD CHURCH OF CHRIST, INC.

Current Principal Place of Business:

400 COLLEGE ROAD
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1371
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2402705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIMBERLY, SAM
190 RODDY ROAD
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: OVERTURF, CHARLES
Address: 112 SHERRI LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: MASON, JOHNNY
Address: 1015 S. MOODY RD
City-St-Zip: PALATKA, FL 32177

Title: C () Delete
Name: OVERTURF, C L
Address: 158 CONFEDERATE POINT ROAD
City-St-Zip: PALATKA, FL 32177

Title: DS () Delete
Name: BRINEMAN, DANNY
Address: 2207 PLAMA CEIA
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: OVERTURF, STEVE
Address: 111 GRASSY LANE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES OVERTURF

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date