

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 706839	
1. Entity Name THE CHURCH OF CHRIST AT PORT ST. JOE, FLORIDA, INC.	
Principal Place of Business 20TH AND MARVIN ST P.O. BOX 758 PORT ST JOE, FL 32456	Mailing Address 20TH AND MARVIN ST P.O. BOX 758 PORT ST JOE, FL 32456



02242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3392449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEACHAM, GORDON F. 246 ATLANTIC AVE APALACHICOLA, FL 32320

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEACHAM, GORDON F. 246 ATLANTIC AVE APALACHICOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOWNS, ROBIN 6924 ALABAMA AVENUE PORT ST. JOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TURNER, PEGGY 690 MADISON ST PT ST JOE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/16/07-80026-006 61.25

**DO NOT WRITE
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:

Robert Downs

ROBERT DOWNS

2/25/07

(850) 215-1471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #