

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 033 ****61.25

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3392449	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEACHAM, GORDON F. J. MICHAEL HOWINGTON 246 ATLANTIC AVE APALACHICOLA, FL 32320 775 STEBEL DR. WHITE CITY FL 32465			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEACHAM, GORDON F. 246 ATLANTIC AVE APALACHICOLA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD J. MICHAEL HOWINGTON 775 STEBEL DR. WHITE CITY FL 32465	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, ROBIN 6824 ALABAMA AVENUE PORT ST. JOE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MINISTER ROBIN DOWNS 1421 PARKWAY DR PANAMA CITY, FL 32404	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TURNER, PEGGY 690 MADISON ST PT ST JOE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>J. Michael Howington</i>			2-19-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			850-827-2282		