

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

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 708407**

1. Entity Name

SIXTH STREET CHURCH OF CHRIST, INC.



Principal Place of Business

320 W 6TH ST  
PO BOX 1632  
LAKELAND, FL 33802

Mailing Address

320 W 6TH ST  
PO BOX 1632  
LAKELAND, FL 33802



01192008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2767314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, RAYMOND  
3551 COLLEEN DRIVE  
LAKELAND, FL 33810

**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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, MAURICE
STREET ADDRESS	1445 N. WEBSTER AVE.
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	LEE, RAYMOND H.
STREET ADDRESS	3551 COLLEEN DR.
CITY-ST-ZIP	LAKELAND, FL
TITLE	VTD
NAME	JONES, MICHAEL
STREET ADDRESS	5611 LAKELUTHER RD.
CITY-ST-ZIP	LAKELAND, FL
TITLE	VSD
NAME	WILLIAMS, ROBERT
STREET ADDRESS	1418 CANDYCE ST
CITY-ST-ZIP	LAKELAND, FL
TITLE	D
NAME	PATTERSON, EUGENE
STREET ADDRESS	211 W VALENCIA ST
CITY-ST-ZIP	LAKELAND, FL
TITLE	TD
NAME	MACK, HOWARD
STREET ADDRESS	529 EMMA ST.
CITY-ST-ZIP	LAKELAND, FL

U000000734696  
01/28/08-80018-007 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary*

1-20-2008

Daytime Phone #