

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708794

FILED
Jan 24, 2007
Secretary of State

Entity Name: CARVER HEIGHTS CHURCH OF CHRIST, INC.

Current Principal Place of Business:

901 BEECHER ST
LEESBURG, FL 32748

New Principal Place of Business:

Current Mailing Address:

901 BEECHER ST
LEESBURG, FL 32748

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELOACH, RICHARD L
2224 EVIE STREET
LAKE WALES, FL 33853 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: CTT () Delete
Name: KERRISON, HENRY
Address: 807 BECKER ST
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: DELOACH, RICHARD L
Address: 2224 EVILE ST
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: DELOACH, DIANE B
Address: 2224 EVIL ST
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: WESTLEY, WILLIE C
Address: 2834 LADY LAKE BLVD
City-St-Zip: LADY LAKE, FL 32159

Title: T () Delete
Name: MANUEL, FRANK
Address: 204 VILLA AVENUE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T () Delete
Name: BELL, LAWRENCE
Address: 259 PINE AVENUE
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: DELOACH, DIANE B
Address: 2224 EVIL ST
City-St-Zip: LAKE WALES, FL 33853

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 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: RICHARD L. DELOACH

T

01/24/2007

Electronic Signature of Signing Officer or Director

Date