

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709143

FILED
May 02, 2007
Secretary of State

Entity Name: PINE LAKE CHURCH OF CHRIST INC. OF FLORIDA

Current Principal Place of Business:

801 JOHN SIMS PKWY.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

801 JOHN SIMS PKWY.
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-1506619 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STANLEY, BRUCE K
2315 CANAL DR
NICEVILLE, FL 32578 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: VSD (X) Delete
Name: STOKES, FREDDY S
Address: 1012 HIGHGROVE COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: STANLEY, BRUCE K
Address: 2315 CANAL DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: T () Delete
Name: DWYER, DENNIS L
Address: 312 CURCACDO WAY
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: LAUDERDALE, ROBERT P
Address: 315 PONTEVEDRA LN.
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: CONNER, WILLIAM M
Address: 935 W. LIDO CIR.
City-St-Zip: NICEVILLE, FL 32578

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: VSD (X) Change () Addition
Name: CONNER, WILLIAM M
Address: 935 W. LIDO CIR.
City-St-Zip: NICEVILLE, FL 32578

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: BRUCE K. STANLEY

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date