

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90168 031 \*\*\*\*61.25

<b>DOCUMENT # 709867</b> 1. Entity Name <b>FIRST CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>315 EAST ORANGE AVENUE EUSTIS, FL 32726-4194</b>			Mailing Address <b>315 EAST ORANGE AVENUE EUSTIS, FL 32726-4194</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6032867</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CARTER, OTIS R 18 FAIRWAY DR EUSTIS, FL 32726</b>				7. Name and Address of New Registered Agent Name <b>Malcolm McCall</b> Street Address (P.O. Box Number is Not Acceptable) <b>1539 N Hwy 19</b> City <b>Eustis</b> <b>FL</b> Zip Code <b>32726</b>	
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 <i>Malcolm McCall</i> <small>Signature, typed or printed name of registered agent (and title if applicable).</small>		<i>Malcolm McCall</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>		DATE <b>4-22-07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WADE, NANCY M 36602 ANTONE DRIVE GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLIOTT, DAVID 29100 SE 175TH STREET UMATILLA, FL 32784	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMS, HAROLD 1557 SUNSHINE PARKWAY TAVARES, FL 32778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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>Nancy M Wade</i> <b>Nancy M Wade</b> <b>4/22/07</b> <b>352-589-2235</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		