

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714319

FILED
Feb 17, 2008
Secretary of State

Entity Name: OSPREY CHURCH OF CHRIST, INC.

Current Principal Place of Business:

406 PA STREET
OSPREY, FL 34229

New Principal Place of Business:

Current Mailing Address:

406 PA STREET
PO BOX 54
OSPREY, FL 34229

New Mailing Address:

PO BOX 54
OSPREY, FL 34229 US

FEI Number: 59-2673056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULFORD, LARRY
8 PINE BREEZE LN
VENICE, FL 34293 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: PD () Delete
Name: FULFORD, LARRY
Address: 8 PINE BREEZE LANE
City-St-Zip: VENICE, FL 34293

Title: SD () Delete
Name: NYE, MARK
Address: 108 FIRST ST
City-St-Zip: NOKOMIS, FL 34275

Title: TD () Delete
Name: KEELE, DONALD
Address: 244 AVE OF BARONS
City-St-Zip: NOKOMIS, FL 34275

Title: VD () Delete
Name: EDWARDS, CARL
Address: 4100 VALLARTA COURT
City-St-Zip: SARASOTA, FL 34233

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE NO

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE NO

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: VD (X) Change () Addition
Name: FASOLINO, MIKE
Address: 480 EAST SHADE DRIVE
City-St-Zip: VENICE, FL 34293 US

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 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: DONALD T. KEELE

TD

02/17/2008

Electronic Signature of Signing Officer or Director

Date