


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90059 040 ****61.25

DOCUMENT # 715199	
1. Entity Name SYLVANIA HEIGHTS CHURCH OF CHRIST, INC.	

Principal Place of Business 304 TILDEN ST. P O BOX 1803 FT WALTON BCH FL 32549	Mailing Address 304 TILDEN ST. P O BOX 1803 FT WALTON BCH FL 32549
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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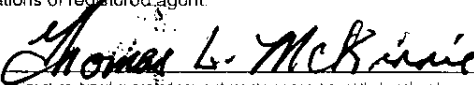
Zip	Country	Zip	Country
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4. FEI Number 59-2898757	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ROGERS, GEORGE T 37 MINORITY ST. NW FORT WALTON BEACH FL 32548	(Deceased) 27 Dec. 2006

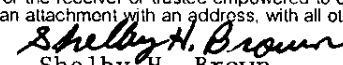
7. Name and Address of New Registered Agent	
Name Thomas L. McKinnie (D)	
Street Address (P.O. Box Number is Not Acceptable) 241 Cypress St.	
City Ft. Walton Beach, FL	Zip Code 32548

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 	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME CLARKE, ULYSSES S	
STREET ADDRESS 200 SHROWSBURY RD.	
CITY- ST- ZIP MARY ESTHER FL 33569	
TITLE T	<input type="checkbox"/> Delete
NAME BROWN, SHELBY H	
STREET ADDRESS 237 CYPRESS ST.	
CITY- ST- ZIP FORT WALTON BEACH FL 32548	
TITLE D	<input type="checkbox"/> Delete
NAME MCKINNIE, THOMAS	
STREET ADDRESS 241 CYPRESS ST	
CITY- ST- ZIP FT WALTON BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3 February 2007 (850) 243-3545