


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # 715344 1. Entity Name LONGWOOD CHURCH OF CHRIST, INC.	
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Principal Place of Business 1018 NO HWY 17/92 LONGWOOD, FL 32750 US	Mailing Address 2806 S. FRENCH VE SANFORD, FL 32773 US
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2427617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LARRY C. PATE 2806 S. FRENCH AVE. SANFORD, FL 32773

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PATE, LARRY C. 2806 S. FRENCH AVE. SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUMBALOUGH, DENNIS H 1160 CLARION CIR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINKLE, TIMOTHY M 4227 ROCKY RIDGE PLACE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, THOMAS M 209 SANDRA BLVD SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLEN, KEITH A 318 RIVIERA DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENNETT, ROBERT B 212 SANORA BLVD SANFORD, FL 32773

<p>U00000646479 03/06/07-80032-021 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/21/07 <small>Date</small>	407-323-5830 <small>Daytime Phone #</small>
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