

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91292 030 ****61.25

DOCUMENT # 728990

1. Entity Name

THE SUPREME CHURCH OF CHRIST, INCORPORATED



Principal Place of Business

RT. 2 BOX 70
INTERLACHEN FL 32148

Mailing Address

208 5TH WAY
INTERLACHEN FL 32148
US

64000001



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0299100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCRAY, BESSIE
1011 OLIVER ST.
PALATKA FL 32077

Name

Street Address (P.O. Box Number is Not Acceptable)

D

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUBBAGE, (WILLIE T.) ☐ Delete
STREET ADDRESS RT 2 BOX 70
CITY-ST-ZIP INTERLACHEN FL

TITLE SD
NAME CUBBAGE, V. ☐ Delete
STREET ADDRESS RT 2 BOX 70
CITY-ST-ZIP INTERLACHEN FL

TITLE DV
NAME MCCRAY, J. H. ☐ Delete
STREET ADDRESS 1011 OLIVER ST.
CITY-ST-ZIP PALATKA FL

TITLE C
NAME WATSON, K. S. ☐ Delete
STREET ADDRESS 3162 NW 42 ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Willie T. Cubbage - Bishop Willie Cubbage 4-23-2004-386-6846164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #