2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							Apr 21, 2006 08:00 AM Secretary of State				
DOCUMENT # 728990 1. Entity Name											
THE SUPREME CHURCH OF CHRIST, INCORPORATED								:			
Principal Plac	e of Business	Mailing A	Mailing Address								
RT. 2 BOX 70 INTERLACHEN FL 32148		208 5TH WAY INTERLACHEN FL 32148 US									
2. Principal Place of Business		3. Mailing Address					I HEREKU CALEA	a (Carac cacla sacia sacii daii	} . albit albit a		180 K 180 K
Suite, Apt. #. etc.		Suite, Apt. #, etc.					1st Mo	OORE CI	72E037	(10/05)	
City & Stat	e	City & State				}	4. FEI Number (05-0299100			Application
Zip	Country		Zip		ountry		5. Certificate of S		18	\$8.75 Add	ilonat
6. Name and Address of Current Registered Agent							7. Name and Ad	dress of New Reg	istered A	lgent	
					Name						
101	CRAY, BESSIE 1 OLIVER ST.				Street Add	Idress (P.O. Box Number is Not Acceptable)					
PAL	ATKA FL 32077				<u></u>						
				ļ	City				FL	Zip Code	:
	named entity submits this statement flions of registered agent.	or the purpose	of changing its re	gistere	ed affice or r	registere	ed agent, or both, in	the State of Florid	a lamil	amiliar with, i	and accept
SIGNATURE Signature, types or printed name of registered agent and title if applicable (NOTE Registered Agent equation required to						भोगात रचनाडास्त्रगाञ्ज)		DATE		·	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006 7 rust Fund Contribution.						_ -	\$5.00 May Be Added to Fees			Payable ment of \$	
10.	OFFICERS AND D	RECTORS		11.		A	DDITIONS/CHANG	ES TO OFFICERS	AND DIE		
Title Name Street address	PD CUBBAGE,(WILLIE T.) RT 2 BOX 70		I ☐ Delete	•	ET MODRESS		85/	U000005250 04/06-8001	; 147 .S-019	□ Change □ 70.00	∐ Addilion
CITY-SI-ZIP	INTERLACHEN FL			} -	ST-Z/P						- Addition
MAME	SD CUBBAGE, V.	-	☐ Detete	NAME						Change	nathbh 🔙
CITY-ST-ZIP	RT 2 BOX 70 INTERLACHEN FL			•	ET ADDRESS SE-ZIP						
TITLE NAME	DV MCCRAY, J. H.		[] Delete	TITLE NAME	}					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	1011 OLIVER ST. FALATKA FL		· 		ET ADDRESS ST-ZIP						
TITLE	С		€3 Defete	TITLE	- 1				!	☐ Change	Addition
NAME STREET AUDRESS	WATSON, K. S. 3162 NW 42 ST.	•		NAME	ET ADORESS						
CITY-ST-ZIP	MIAMI FL		•	6	ST-ZIP						
TITLE			☐ Delete	Title				<u></u>		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP				!		
TITLE			C) Delete	THE	{-				- 	☐ Change	☐ Addition
MAME				NAME	Į.				•		
STREET ADDRESS CITY-ST-ZIP				•	T ADDRESS ST-ZIP				~ 	· · · · · · · · · · · · · · · · · · ·	

FILED

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 fike empowered.