


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90001 007 ****61.25

DOCUMENT # 735099 1. Entity Name SPRING RIDGE FIRST CHURCH OF GOD, INC.					
Principal Place of Business 5529 NE 52ND PLACE SPRING RIDGE SUBDIVISION HIGH SPRINGS, FL 32643 US			Mailing Address 5529 NE 52ND PLACE SPRING RIDGE SUBDIVISION HIGH SPRGS, FL 32643 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1874803	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARBER, CARLTON L 4710 NE 80TH AVE HIGH SPRINGS, FL 32643			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. <i>Carlton L. Barber</i> SIGNATURE <i>Carlton L. Barber</i> DATE <i>7/30/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HODGE, JAMES E 5719 NE 51ST TERRACE HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WHITE, JULIEN W 909 SW 22ND CT BELL, FL 32619	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROWN, JOE C 5779 NE 60TH AVE. HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GRIFFITH, JAMES R 5760 NE 51 TERR HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROOP, VERNON L 8605 133RD RD LIVE OAK, FL 32060	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STRIMPLE, ROBERT D 1710 SE PINE STREET HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Michelle Pelletier 7920 NE 25th Ave H.S. FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STRIMPLE, ROBERT D 1710 SE PINE STREET HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete			
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: <i>Nyolene White</i> - Treasurer DATE <i>7/30/06</i> DAYTIME PHONE # <i>352-463-2758</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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ATTACHMENT 50023844
Continued #735099

#10.

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White, Wyolene
909 SW 22nd Ct.
Bell, Fl 32619

S

Winkler, Verian
5539 NE 54th Terrace
High Springs, Fl 32643