

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

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # 735462

1. Entity Name

GREEN COVE SPRINGS CHURCH OF CHRIST, INC.



Principal Place of Business

479 HOUSTON ST.
GREEN COVE SPRG FL 32043

Mailing Address

479 HOUSTON ST.
GREEN COVE SPRINGS FL 32043
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2969285

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

SOHM, DONALD A
3328 OAK LANE
GREEN COVE SPRINGS FL 32043

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.

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, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME PD ☐ Delete
STREET ADDRESS CHIDESTER, DAVID
CITY-STATE-ZIP 1204 MELROSE AVE
GREEN COVE SPRINGS FL 32043

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

TITLE
NAME D ☐ Delete
STREET ADDRESS SOHM, DONALD A
CITY-STATE-ZIP 3328 OAK LANE
GREEN COVE SPRINGS FL 32043

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000683555
04/05/07-80049-014 61.25

TITLE
NAME D ☐ Delete
STREET ADDRESS CARY, WALTER H JR
CITY-STATE-ZIP 1632 HARRING STREET
GREEN COVE SPRINGS FL 32043

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

TITLE
NAME S ☐ Delete
STREET ADDRESS MCELDOWNEY, CLAUDE
CITY-STATE-ZIP 2916 BRIARPATCH PL
GREEN COVE SPRGS FL 32043

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

TITLE
NAME P ☐ Delete
STREET ADDRESS TENNANT, RANDY PAUL
CITY-STATE-ZIP 1747 CINNAMON DRIVE
ORANGE PARK FL 32073

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

TITLE
NAME D ☐ Delete
STREET ADDRESS LOWE, ROBERT CRAIG III
CITY-STATE-ZIP 4688 GOPHER STREET
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: Claude McElDowney (Claude McElDowney) 3/24/2007 904-993-1859