

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

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 736945					
1. Entity Name CHURCH WITH GOD AND CHRIST OF ALACHUA, FLORIDA, INC.					
Principal Place of Business 615 SE MARTIN LUTHER KING BLVD HIGH SPRINGS FL 32643			Mailing Address P.O. BOX 194 ALACHUA FL 32615		
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 59-2892729	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CURTIS, HIRAM B. 15620 W 134TH TERRACE P.O. BOX 194 ALACHUA FL 32615			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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting) DATE _____					
FILE NOW: FEE IS \$51.25 Due By May 1, 2006		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	P	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTIS, HIRAM B SR.		NAME		
STREET ADDRESS	15620 W 134 TERR		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTIS, ANTHONY H		NAME		
STREET ADDRESS	15620 W 134 TERR		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTIS, MICHAEL H		NAME		
STREET ADDRESS	15620 W 134 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTIS, MAURICE H		NAME		
STREET ADDRESS	15620 W 134TH TERR		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTIS, ISSAC H		NAME		
STREET ADDRESS	15620 W 134TH TERR		STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change	☐ Add
NAME	WILLIAMS, ELOUISE		NAME	REGINA M. McCRAY	
STREET ADDRESS	154 MERRILWOOD		STREET ADDRESS	15620 NW 134th TERRACE	
CITY-ST-ZIP	ALACHUA FL 32616		CITY-ST-ZIP	ALACHUA, FL. 32616	



1st MOORE CR2E037 (10/05)

4. FEI Number **59-2892729**

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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Due By May 1, 2006**

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Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CURTIS, HIRAM B SR.	
STREET ADDRESS	15620 W 134 TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	VP	☐ Delete
NAME	CURTIS, ANTHONY H	
STREET ADDRESS	15620 W 134 TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	☐ Delete
NAME	CURTIS, MICHAEL H	
STREET ADDRESS	15620 W 134 TERRACE	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	ST	☐ Delete
NAME	CURTIS, MAURICE H	
STREET ADDRESS	15620 W 134TH TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	☐ Delete
NAME	CURTIS, ISSAC H	
STREET ADDRESS	15620 W 134TH TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	☒ Delete
NAME	WILLIAMS, ELOUISE	
STREET ADDRESS	154 MERRILWOOD	
CITY-ST-ZIP	ALACHUA FL 32616	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change	☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ Change	☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☒ Change	☐ Add
NAME	REGINA M. McCRAY	
STREET ADDRESS	15620 NW 134th TERRACE	
CITY-ST-ZIP	ALACHUA, FL. 32616	

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.