

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 737315

1. Entity Name
NORTHEAST CHURCH OF CHRIST, INC.



Principal Place of Business
**2214 NW 31ST AVE.
GAINESVILLE, FL 32605**

Mailing Address
**2214 NW 31ST AVE.
GAINESVILLE, FL 32605**



04272006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2381302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOERR, BEN I., JR.
1411 NW 46 TERRACE
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OWENS, ERMON
1516 NE 156 AVE
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DOERR, BEN I, JR.
1411 N.W. 46TH TERR.
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSELEY, MARK
3225 NW 27STREET
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LLOYD, T. MARK
6315 N.W. 56 LANE
GAINESVILLE, FL 32653**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000561693
05/19/06-80025-010 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06

Date

352.378.1331

Daytime Phone #