

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Apr 25, 2007 08:00 A
Secretary of State



04222007 No Chg-NP CR2E037 (4/06)

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000730603
05/08/07-80086-018 61.25

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	

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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:

Ben I. Doerr, Sr. **BEN I. DOERR, SR. TREASURER** 4/24/07