


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 738079 1. Entity Name ZEPHYR CHRISTIAN CHURCH, INC. |  |
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| Principal Place of Business 5940 DOGWOOD ST ZEPHYRHILLS, FL 33542 | Mailing Address 5940 DOGWOOD ST ZEPHYRHILLS, FL 33542 |
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01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2261568 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SPEIGHT, KENNETH L 39450 SYCAMORE LANE ZEPHYRHILLS, FL 33540 |
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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, 2008**

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 | PCD SPEIGHT, KENNETH 39450 SYCAMORE LANE ZEPHYRHILLS, FL 33540 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDT MAGEE, JOHN 5746 CYPRESS STREET ZEPHYRHILLS, FL 33540 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WILCOX, DALE E 6235 BALMY LANE ZEPHYRHILLS, FL 33540 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000786218
01/17/08-80031-023 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: *John W. Magee* Elder/Treasurer 1/13/08 (813) 782-8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #