## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#740965** 

City-St-Zip:

GLEN SAINT MARY, FL 32040

FILED May 08, 2008 Secretary of State

Entity Name: GLEN CHURCH OF CHRIST, INC. **Current Principal Place of Business: New Principal Place of Business:** 7556 AUNT MARY HARVEY RD GLEN ST MARY, FL 32040 **Current Mailing Address: New Mailing Address:** P.O. BOX 68 GLEN ST MARY, FL 32040 FEI Number: 59-1833636 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANKFORD, ROGER D 14276 LEONARD NORMAN RD. MACCLENNY, FL 32063 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition GRIFFIS, LANCE Name: Name: Address: PO BOX 1282 Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: PD () Delete Title: () Change () Addition GRIFFIS, K. FRANKLIN, II Name: Name: Address: P.O. BOX 564, NA Address: City-St-Zip: GLEN ST MARY, FL 32040 City-St-Zip: Title: () Delete Title: () Change () Addition LANKFORD, ROGER D Name: Name: 14276 LEONARD NORMAN RD. Address: Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: SD () Delete Title: SD (X) Change ( ) Addition SLOCUM, BOB Name: GOING, THOMAS Name: 9771 CEDAR CREEK FARMS ROAD Address: Address: 580 FOX RUN CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

MACCLENNY, FL 32063

SIGNATURE: ROGER D. LANKFORD T 05/08/2008