


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

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90175 033 \*\*\*\*70.00

<b>DOCUMENT # 741312</b>					
1. Entity Name STUART CHURCH OF CHRIST, INC.					
Principal Place of Business 500 PALM BCH RAOD STUART, FL 34994			Mailing Address P O BOX 164 STUART, FL 34995		
2. Principal Place of Business - No P O Box #		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03312007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2349638				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LACONTE, PATRICK 3933 SE FAIRWAY EAST STUART, FL 34997			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEEM, JOE		NAME		
STREET ADDRESS	2017 SE ALLAMANDA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWAYNE, BOB		NAME		
STREET ADDRESS	3891 SE FAIRWAY WEST		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, GENE		NAME		
STREET ADDRESS	1913 NE OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	WILLIE LEONARD	<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2732 SE Rawlings Rd.		NAME		
STREET ADDRESS	PORT ST. LUCIE FL 34952		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Charles Hicks	<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3122 SW Madrugada St.		NAME		
STREET ADDRESS	Port St. Lucie FL 34953		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AUSTIN G. WOODY	<input type="checkbox"/> Delete	TITLE	DIRECTOR (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	461 S.E. Southwood Trail		NAME		
STREET ADDRESS	Stuart FL 34997		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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, trustee or empowered executor of 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 all other like empowered.					
SIGNATURE: _____			Date: April 1, 2007 712-334-4697		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		