



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90106 046 ****70.00

DOCUMENT # 741636 1. Entity Name FIRST CHRISTIAN CHURCH OF HOMOSASSA SPRINGS, FLORIDA, INC.					
Principal Place of Business 7030 W GROVER CLEVELAND BLVD HOMOSASSA SPRINGS, FL 34446 US			Mailing Address GROVER CLEVELAND BLVD. PO BOX 1806 HOMOSASSA SPRINGS, FL 34447 US		
2. Principal Place of Business - No P.O. Box # 7030 W. Grover Cleveland Blvd.		3. Mailing Address 7030 W. Grover Cleveland Blvd.			
Suite, Apt. #, etc. Homosassa Springs		Suite, Apt. #, etc. Homosassa Springs		01172007 Chg-NP CR2E037 (12/06)	
City & State FL		City & State FL		4. FEI Number 59-1880617	
Zip 34446		Country CITRUS		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIVIA, GLEN 4116 W. OAKLAND STREET LECANTO, FL 34461				7. Name and Address of New Registered Agent Name same 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIDDLE, LINDELL 2210 S WIGWAM POINT HOMASASSA, FL 34448		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIVIA, GLEN 4116 W OAKLAWN ST LECANTO, FL 34461		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JORDAN, BOB 6823 W DORIS MARETTA LANE HOMOSASSA, FL 34446		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Aldret <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8418 Stonebrook Homosassa, FL 34448	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Glenn L. Sivia</i> Glenn L. Sivia			1-17-07 628-6834		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		