


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 742900 1. Entity Name THE FIRST CHRISTIAN CHURCH OF LABELLE, FLORIDA, INC.	
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Principal Place of Business 138 FORD AVENUE LABELLE, FL 33935	Mailing Address P.O. BOX 10 LABELLE, FL 33935
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DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1879280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PATTERSON, JAMES 4501 SPRINGVIEW CIR LABELLE, FL 33935	DO NOT WRITE IN THIS SPACE
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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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000731446 01/23/08-80074-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD ALEXANDER, CINDY 900 W HICKPOCHEE AVE LOT A-31 LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, JAMES 4501 SPRINGVIEW CIRCLE LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOSLEY, SANDRA 1522 HWY 29 SOUTH LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COCKRAM, CEDRIC 2540 CASE RD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Sandra Woosley 1/15/08 863-675-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #