


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 047 ****61.25

DOCUMENT # 746420			
1. Entity Name TWENTY-SEVENTH AVENUE CHURCH OF CHRIST, INC.			
Principal Place of Business 514 S W 27TH AVENUE POST OFFICE BOX 6146 OCALA FL 32678-3146		Mailing Address 27TH AVE CHURCH OF CHRIST P O BOX 6146 OCALA FL 34478-6146 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GRAHAM, GEORGE 5105 SE 102 P2 BELLEVIEW FL 34420		7. Name and Address of New Registered Agent 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 <i>George Graham</i> DATE <i>2-12-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 WEBB, JONATHAN P JR 2214 NW 42ND ST OCALA FL 34475 <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	ADC RUDOLPH, GRIGLER 3856 SE 80TH AVE. OCALA FL 38840 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Rudolph, Grigler</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>513 S. W 12th Ave</i> <i>Ocala FL, 34474</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDSON, DION 2217 SW 2ND ST. OCALA FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lamar Gary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>P.O. Box 831451</i> <i>Ocala FL, 34483-1451</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDSEY, ALPHONSO 7 BROOK LANE OCALA FL <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	D LEE, JOE L 516 SW 27 AVE OCALA FL <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	D WEBB, P J 2214 NW 42ND ST. OCALA FL 34425 <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 Section 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: *Joe Lee* *Joe Lee*

2-12-06 1352) 622-5249