


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90197 010 ****61.25

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| DOCUMENT # 746982 1. Entity Name CHURCH OF CHRIST AT CARROLLWOOD, INC. | |  | |
| Principal Place of Business 13345 CASEY RD TAMPA, FL 33624 | | Mailing Address 13345 CASEY RD TAMPA, FL 33624 | |
| 2. Principal Place of Business 5105 W. EHRLICH Road | | 3. Mailing Address 5105 W. EHRLICH Road | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State TAMPA FL | | City & State TAMPA FL | |
| Zip 33624-2040 Hillsborough | | Zip 33624-2040 Hillsborough | |
| 6. Name and Address of Current Registered Agent SLOAN, RICHARD DANA 18404 CITATION STREET LUTZ, FL 33549 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| Filing 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 | TR SLOAN, RICHARD DANA 18404 CITATION STREET LUTZ, FL 33549 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR MITCHELL, L WAYNE 14419 WADSWORTH DR ODESSA, FL 33556 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TR MCGAHEE, JAMES G 16117 TAMPA STREET LUTZ, FL 33548 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| 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: <u>James G. McGahee</u> James G. McGahee Trustee 4-17-06 813 960-1732 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |