

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747225**

1. Entity Name  
11TH STREET CHURCH OF CHRIST, INC.



Principal Place of Business  
513 11TH STREET WEST  
PALMETTO, FL 34221

Mailing Address  
513 11TH STREET WEST  
PALMETTO, FL 34221



01102007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0246384

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHEAVES, SR, RICHARD E DIR  
1450 29TH STREET EAST  
PALMETTO, FL 34221

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHEPPARD, MOSES  
STREET ADDRESS 1904 4TH AVENUE WEST  
CITY-ST-ZIP PALMETTO, FL 34221

TITLE VD  
NAME YOUNG, PHILLIP  
STREET ADDRESS 1408 8TH AVENUE EAST  
CITY-ST-ZIP PALMETTO, FL 34221

TITLE SD  
NAME SMITH, MARVIN  
STREET ADDRESS 303 60TH AVENUE WEST  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE TD  
NAME CALHOUN, JOHNNIE  
STREET ADDRESS 1820 18TH STREET EAST  
CITY-ST-ZIP PALMETTO, FL 34221

TITLE D  
NAME WILLIAMS, ENOCH  
STREET ADDRESS 1606 16TH STREET EAST  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE D  
NAME CHEAVES, RICHARD E SR  
STREET ADDRESS 1450 29TH STREET EAST  
CITY-ST-ZIP PALMETTO, FL 34221

000000596208  
01/23/07-80070-005 70.00

**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/07 (941) 729-2873