


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

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 747225</b> 1. Entity Name 11TH STREET CHURCH OF CHRIST, INC.	
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Principal Place of Business 513 11TH STREET WEST PALMETTO, FL 34221	Mailing Address 513 11TH STREET WEST PALMETTO, FL 34221
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<b>DO NOT WRITE IN THIS SPACE</b>
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01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0246384	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  CHEAVES, SR, RICHARD E DIR 1450 29TH STREET EAST PALMETTO, FL 34221
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	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	U000000807745 02/07/08-80020-014 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPPARD, MOSES 1904 4TH AVENUE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG, PHILLIP 1408 8TH AVENUE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, MARVIN 303 60TH AVENUE WEST BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CALHOUN, JOHNNIE 1820 18TH STREET EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ENOCH 1606 16TH STREET EAST BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEAVES, RICHARD E SR 1450 29TH STREET EAST PALMETTO, FL 34221

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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 corporations.	
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/26/08</u> <small>Daytime Phone #</small>