


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # 748723 1. Entity Name SOUTH 14TH STREET CHURCH OF CHRIST, INC.	
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Principal Place of Business 1506 SOUTH 14TH STREET LEESBURG, FL 34748-6919	Mailing Address 1506 SOUTH 14TH STREET LEESBURG, FL 34748-6919
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1574750	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

ROSS, CARLTON
2006 VINE ST.
LEESBURG, FL 32748

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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: Carlton Ross

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD ROSS, CARLTON 2006 VINE ST LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD HUNTON, BENNY 33215 COVENTRY DR. LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD HOLMES, CHARLES 3120 PINE GROVE LN LADY LAKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, RAY 6708 TUSCAWILLA RD LEESBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/07-80042-019 61.25

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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: Rayburn B Jones, Pres 1/17/07 359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #