

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

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 748723

1. Entity Name
SOUTH 14TH STREET CHURCH OF CHRIST, INC.



Principal Place of Business
**1506 SOUTH 14TH STREET
LEESBURG, FL 34748-6919**

Mailing Address
**1506 SOUTH 14TH STREET
LEESBURG, FL 34748-6919**



03042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1574750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROSS, CARLTON
2006 VINE ST.
LEESBURG, FL 32748**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000854181
03/26/08-80100-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATO 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	

**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

3/6/08 352-787-4019

Date

Daytime Phone #