
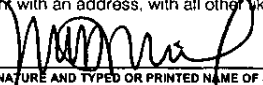


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90053 042 ****61.25

DOCUMENT # 751874					
1. Entity Name THE FIRST CHRISTIAN CHURCH OF WAUCHULA, INC.					
Principal Place of Business 1121 WEST LOUISIANA AVENUE WAUCHULA, FL 33873			Mailing Address 1121 WEST LOUISIANA AVENUE WAUCHULA, FL 33873		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANLEY, MICHAEL D 311 OHIO AVE WAUCHULA, FL 33873				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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) 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	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELENDY, JERRY H., SR.		NAME		
STREET ADDRESS	231 W. MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	MANLEY, MICHAEL D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADLEY, MICHAEL D		NAME		
STREET ADDRESS	311 OHIO AVE		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL 33873		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, EDGAR		NAME		
STREET ADDRESS	194 WILL DUKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	J. VERNON SEE, SR	
STREET ADDRESS			STREET ADDRESS	1311 CITRUS STREET	
CITY-ST-ZIP			CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BEN ALBRITTON, JR	
STREET ADDRESS			STREET ADDRESS	126 ORANGE AVE	
CITY-ST-ZIP			CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE		<input type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THOMAS TAYLOR	
STREET ADDRESS			STREET ADDRESS	2985 WHIPPOORWILL LANE	
CITY-ST-ZIP			CITY-ST-ZIP	WAUCHULA, FL 33873	
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: 			Date: 5/1/07		Daytime Phone #: (863) 773-6768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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04302007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1228225 Applied For Not Applicable

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