

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756756

FILED  
Mar 19, 2007  
Secretary of State

**Entity Name:** CENTRAL CHURCH OF CHRIST IN MONTICELLO, INC.

**Current Principal Place of Business:**

100 COOPERS POND RD  
MONTICELLO, FL 32344 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 COOPERS POND ROAD  
MONTICELLO, FL 32344 US

**New Mailing Address:**

**FEI Number:** 59-2269979

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOVE, THOMAS W  
885 S. WAUKEENAH STREET  
MONTICELLO, FL 32344 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOVE, THOMAS W  
Address: 885 WAUKEENAH STREET  
City-St-Zip: MONTICELLO, FL 32344

Title: VD ( ) Delete  
Name: HOPSON, ROY R  
Address: RT 2 BOX 146  
City-St-Zip: MONTICELLO, FL 32344

Title: STD ( ) Delete  
Name: CANNON, SHIRLEY T  
Address: RT 2 BOX 135  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: HOPSON, ROY R  
Address: 459 HOPSON RD  
City-St-Zip: MONTICELLO, FL 32344

Title: STD (X) Change ( ) Addition  
Name: CANNON, SHIRLEY T  
Address: 195 CANNON RD  
City-St-Zip: MONTICELLO, FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W LOVE

PD

03/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date