


FILED  
Feb 23, 2007 8:00 am  
Secretary of State

02-23-2007 90026 022 \*\*\*\*61.25

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

<b>DOCUMENT # 758585</b>			
1. Entity Name LIGHT OF CHRIST COMMUNITY CHURCH, INC.			
Principal Place of Business 22 SUMMIT RIDGE RD TAHLEQUAH, OK 74464		Mailing Address 22 SUMMIT RIDGE DRIVE TAHLEQUAH, OK 74464	
2. Principal Place of Business - No P.O. Box # 22 Summit Ridge Drive		3. Mailing Address 22 Summit Ridge Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tahlequah, Oklahoma		City & State Tahlequah, Oklahoma	
Zip 74464	Country USA	Zip 74464	Country USA
6. Name and Address of Current Registered Agent  HANKINS, EMMA DOROTHEA 124 BOSPHORUS TAMPA, FL 33606		7. Name and Address of New Registered Agent  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH-HARRA, CAROL E 101 SUMMIT RIDGE DRIVE TAHLEQUAH, OK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, REGINA 110 WILSON CLARK LANE CENTREVILLE, MD 21617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRA, CHARLES C 101 SUMMIT RIDGE TAHLEQUAH, OK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUSSELL GILLETTE 5711 S. 72 <sup>ND</sup> EAST AVE. TULSA, OK. 74145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, LINDA 206 SUMMIT RIDGE DR TAHLEQUAH, OK 74464 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BANEZ, JOHN 203 SUMMIT RIDGE DR. TAHLEQUAH, OK. 74464 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMOTA, THOMAS 2335 STEWART AVE, APT 316 SAINT PAUL, MN 551163062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSHEIM, JO 6 FORREST TRL FAIRFIELD, PA 17320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Carol E Parrish-Harra</u> 2/14/07 918 456-3421			