# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

06-12-2006 90006 012 ****61.25
761264

FILED
06 JUL -7 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400954O7

DOCUMENT # 761264

1. Entity Name
CHURCH WITH GOD AND CHRIST INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business
Alachua, Fla 32615
Suite, Apt. #, etc.

3. Mailing Address
7507-N.W-181-Ter
Suite, Apt. #, etc.

CR2E037B (8/05) 05-06

City & State: Alachua FLA
Zip: 32615 County: Alachua

City & State: Alachua Fla
Zip: 32615 Country: Fla

4. FEI Number — ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Ulysses D Hayes

Street Address (P.O. Box Number is Not Acceptable)
7507-N.W-182-Ter

City: Alachua FLA FL Zip Code: 32615

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: Ulysses D Hayes — 6-8-2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25**
**Initial or Amended AR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE P/S<br>NAME Ulysses D Hayes<br>STREET ADDRESS 7507-N-W-181-Ter<br>CITY-ST-ZIP Alachua Fla 32615 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP 600077719796<br>07/19/06--01023--019 **245.00 |
| TITLE V/P<br>NAME Luthea Hayes<br>STREET ADDRESS 7507-N-W-181-Ter<br>CITY-ST-ZIP Alachua Fla 32615 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE S<br>NAME Dorothy Hayes<br>STREET ADDRESS 7507-N-W-181-Ter<br>CITY-ST-ZIP Alachua Fla 32615 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP **DO NOT WRITE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP **IN THIS SPACE** |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ulysses D Hayes P.D — 6-8-2006 — 386-4622537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #