## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000000881

FILED Jan 09, 2008 Secretary of State

Entity Name: THE CHURCHES OF CHRIST IN CHRISTIAN UNION, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 1426 LANCASTER PIKE CIRCLEVILLE, OH 43113 **Current Mailing Address: New Mailing Address:** PO BOX 10 1426 LANCASTER PIKE CIRCLEVILLE, OH 43113 FEI Number: 31-4443130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHANKWEILER, TOM 1400 COUNTY RD 17A NORTH AVON PARK, FL 33825 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition HERMIZ, THOMAS H DR HERMIZ, THOMAS H DR Name: Name: PO BOX 10 1426 LANCASTER PIKE; PO BOX 10 Address: Address: City-St-Zip: CIRCLEVILLE, OH 43113 City-St-Zip: CIRCLEVILLE, OH 43113 VΡ Title: Title: ( ) Delete () Change () Addition HARRISON, DAN Name: Name: P.O. BOX 356 Address: Address: WINCHESTER, OH 45697 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HOLBROOK, MIKE HOLBROOK, MIKE Name: Name: 436 E. OHIO STREET 1426 LANCASTER PIKE; PO BOX 10 Address: Address: CIRCLEVILLE, OH 43113 City-St-Zip: CIRCLEVILLE, OH 43113 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition CRABTREE, BRUCE A CRABTREE, BRUCE A Name: Name: Address: PO BOX 10 Address: 1426 LANCASTER PIKE; PO BOX 10 City-St-Zip: CIRCLEVILLE, OH 43113 City-St-Zip: CIRCLEVILLE, OH 43113 Title: Title:  $(\ ) \ Change \ (X) \ Addition$ ( ) Delete DIXON, BRAD Name: Name: Address: 375 TOBACCO RD Address: CAMDEN WYOMING, DE 19934 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition DUVALL, JOSEPH Name: Name: 1426 LANCASTER PIKE; PO BOX 10 Address: Address: City-St-Zip: City-St-Zip: CIRCLEVILLE, OH 43113 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida

Statutes. I further certify that the information supplied with this filling does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE A. CRABTREE T 01/09/2008