


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90055 033 ****61.25

DOCUMENT # N00000001292					
1. Entity Name LEMON BAY CHURCH OF CHRIST, INC.					
Principal Place of Business 7000 REGINA DR ENGLEWOOD, FL 34224			Mailing Address 2135 MISSISSIPPI AVE. ENGLEWOOD, FL 34224-5640		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7000 REGINA DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Englewood FL		4. FEI Number 65-1022815	
Zip		Country 34224 USA		5. Certificate of Status Desired <input type="checkbox"/> - \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, THOMAS H 2135 MISSISSIPPI AVE. ENGLEWOOD, FL 34224-5640			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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE <i>Thomas H. Taylor</i> <small>Signature, typed or printed name of registered agent and file if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <i>(Thomas H. Taylor)</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 3-20-07 <small>DATE</small> </div> </div>					
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	NAME SHAFFER, STEVEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7442 ROSEMONT DR.	CITY-ST-ZIP ENGLEWOOD, FL 34224		STREET ADDRESS	CITY-ST-ZIP	
TITLE STD	NAME TAYLOR, THOMAS H	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2135 MISSISSIPPI AVE.	CITY-ST-ZIP ENGLEWOOD, FL 342245640		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME TULLOS, GEORGE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12545 GALLAGHER	CITY-ST-ZIP PORT CHARLOTTE, FL 339811716		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: <i>Thomas H. Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(Thomas H. Taylor) 3-20-07 941-460-1569 <small>Date Daytime Phone #</small>		