## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N0000001292**

1. Entity Name

LEMON BAY CHURCH OF CHRIST, INC.



FILED
Mar 12, 2008 08:00 A
Secretary of State

Principal Place of Business

7000 REGINA DR ENGLEWOOD, FL 34224 Mailing Address

7000 REGINA DR ENGLEWOOD, FL 34224



02222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-1022815 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

TAYLOR, THOMAS H 2135 MISSISSIPPI AVE. ENGLEWOOD, FL 34224-5640  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, the obligations of registered agent.  SIGNATURE	rea
2135 MISSISSIPPI AVE. ENGLEWOOD, FL 34224-5640  IN THIS SPACE  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, the obligations of registered agent.	
the obligations of registered agent.	
	т, апо ассерт
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating)  DATE	
Filing Fee is \$61.25 Due by May 1, 2008  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees 03/27/09-80053-020 61.3	. 25
10. OFFICERS AND DIRECTORS	
TITLE PD  NAME SHAFFER, STEVEN  STREET ADDRESS 7442 ROSEMONT DR.  CITY-ST-ZIP ENGLEWOOD, FL 34224  TITLE STD  NAME TAYLOR, THOMAS H  STREET ADDRESS 2135 MISSISSIPPI AVE.	
CITY-ST-ZIP ENGLEWOOD, FL 342245640  TITLE VD NAME TULLOS, GEORGE 12545 GALLAGHER PORT CHARLOTTE, FL 339811716  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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:

NAME STREET ADDRESS CITY-ST-ZIP

HATURE AND TYPED OR PRINTED HAMPOF SIGNING OFFICER OR DIRECTOR

3-9-08 941-475-6610