

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90031 025 ****70.00

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1. Entity Name

THE CHATTAHOOCHEE CHURCH OF CHRIST, INC.



Principal Place of Business

775 MORGAN AVE.
CHATTAHOOCHEE FL 32324

Mailing Address

775 MORGAN AVE.
CHATTAHOOCHEE FL 32324



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWELL, CHARLES F
775 MORGAN AVE.
CHATTAHOOCHEE FL 32324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: September 5, 2007

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 TD ☒ Delete
NAME GILLIAM, LENARD
STREET ADDRESS 376 HANDEWAY HWY
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE CD ☐ Delete
NAME NEWELL, CHARLES F
STREET ADDRESS 775 MORGAN AVE.
CITY-ST-ZIP CHATTAHOOCHEE FL 32324

TITLE SD ☐ Delete
NAME WYATT, ALBERT L
STREET ADDRESS P.O. BOX 565
CITY-ST-ZIP SNEADS FL 32460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Add
NAME Don Snyder
STREET ADDRESS PO Box 452
CITY-ST-ZIP Altha, FL 32421

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: Charles F. Newell Charles F. Newell 8-17-07 850-663-4573