2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 18, 2008 8:00 am Secretary of State DOCUMENT # N00000002970 1. Entity Name 04-18-2008 90051 010 ****61.25 THE CHATTAHOOCHEE CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 775 MORGAN AVE. CHATTAHOOCHEE FL 32324 775 MORGAN AVE. CHATTAHOOCHEE FL 32324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATEMAN DAVID NEWELL, CHARLES F Street Address (P.O. Box Number is Not Acceptable) 775 MORGAN AVE. SHUMAN FERRY CHATTAHOOCHEE FL 32324 LTHA 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 04-06-08 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ■ Delete SNYDA, DON NAME NAME JOSEPH D. CHRISTIE, JR P.O. BOX 452 STREET ADDRESS STREET ADDRESS 356 LAKE SHORE DR. BAIN BRIDGE, GA ALTHA FL 32421 CITY-ST-ZIP CITY-ST-ZIP CD Delate TITLE Change DAVID BATEMAN 13889 NW SHUMAN FERRY ROAD ROAD NEWELL, CHARLES F NAME 775 MORGAN AVE. STREET ADDRESS STREET ADDRESS CHATTAHOOCHEE FL 32324 CITY-ST-ZIP CITY-ST-ZIP SD" TITLE Delete TITLE noitibbA 🔲 NAME WYATT, ALBERT L NAME P.O. BOX 565 STREET ADDRESS STREET ADDRESS SNEADS FL 32460 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Daleta ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 acress, with all other like empowered.

FILED

850-762-2520

04/06/08