

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N00689

Entity Name: FIRST CHRISTIAN CHURCH OF BABSON PARK, FLORIDA, INC.

Current Principal Place of Business:

FIRST CHRISTIAN CHURCH OF BABSON PARK
1295 N SCENIC HWY
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

1295 N SCENIC HWY
BABSON PARK, FL 33827

New Mailing Address:

FEI Number: 86-1150988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, ROGER K CHAIRMA
1470 SEMINOLE RD
BABSON PARK, FL 33827 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WIESING, GARY
Address: 401 SUNSHINE DR
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: GIBBS, RICHARD A
Address: 637 RAINBOW BLVD
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: MCGILL, BRUCE
Address: 218 ALDO DRIVE
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: COOPER, JACK
Address: 110 BABSON DR
City-St-Zip: BABSON PARK, FL 33827

Title: S () Delete
Name: FISHER, GREGORY A
Address: 214 CENTRAL DR
City-St-Zip: LAKE WALES, FL 33859

Title: C () Delete
Name: BERRY, ROGER K
Address: 1470 SEMINOLE RD
City-St-Zip: BABSON PARK, FL 33827

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER K BERRY

CHAI

01/05/2008

Electronic Signature of Signing Officer or Director

_____ Date