

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000007627

1. Entity Name
CHRIST CUMBERLAND PRESBYTERIAN CHURCH, INC.



Principal Place of Business
19501 HOLLY LANE
LUTZ, FL 33548

Mailing Address
19501 HOLLY LANE
LUTZ, FL 33548



01082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4217839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWINDLE, SIDNEY L DR.
4407 SWANN AVENUE
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000610862
02/02/07-80038-006 61.25

10. OFFICERS AND DIRECTORS

TITLE P
NAME KALEMERIS, JOYCE
STREET ADDRESS 803 WHATLEY PLACE
CITY-ST-ZIP TAMPA, FL 33604

TITLE SD
NAME SWINDLE, DR. SIDNEY L
STREET ADDRESS 4407 SWANN AVE.
CITY-ST-ZIP TAMPA, FL 33609

TITLE T
NAME EHRHARD, GEORGE
STREET ADDRESS 18719 GERACI ROAD
CITY-ST-ZIP LUTZ, FL 33548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Dr. Sidney L Swindle, Dr. Sidney L. Swindle

1-8-07

(813) 289-0180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #