
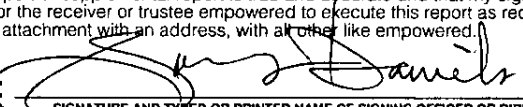


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 033 ****61.25

DOCUMENT # N04007 1. Entity Name PAUL RUSSELL ROAD CHURCH OF CHRIST, INC.					
Principal Place of Business 916 PAUL RUSSELL RD. TALLAHASSEE FL 32301			Mailing Address 916 PAUL RUSSELL RD. TALLAHASSEE FL 32301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIELS, JAMES L SR 2435 BASSWOOD LANE TALLAHASSEE FL 32308				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, RAYMOND JR.		NAME		
STREET ADDRESS	3014 KEVIN STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	VCD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, ALBERT JR.		NAME		
STREET ADDRESS	1404 BALBOA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-ZIP		
TITLE	SD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, DAMON SR.		NAME		
STREET ADDRESS	2202 WOODBINE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIELS, JAMES L		NAME		
STREET ADDRESS	2435 BASSWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONOLY, JAMES L		NAME		
STREET ADDRESS	6008 BUCKLAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			5-1-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

24069718



MOORE CR2E037 (11/03)

4. FEI Number **59-3214988** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**