

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

FILED
05 AUG 17 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3214988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, JAMES L SR
2435 BASSWOOD LANE
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WILLIAMS, RAYMOND JR.
3014 KEVIN STREET
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
BROWN, ALBERT JR.
1404 BALBOA DRIVE
TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MILLER, DAMON SR.
2202 WOODBINE DRIVE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DANIELS, JAMES L
2435 BASSWOOD LANE
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONOLY, JAMES L
6008 BUCKLAKE ROAD
TALLAHASSEE, FL 32311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700058850107
08/22/05--01085--017 #61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-17-05 (850) 228-4009