

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04007 1. Entity Name PAUL RUSSELL ROAD CHURCH OF CHRIST, INC.	
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Principal Place of Business 916 PAUL RUSSELL RD. TALLAHASSEE, FL 32301	Mailing Address 916 PAUL RUSSELL RD. TALLAHASSEE, FL 32301
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3214988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____

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

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 LANE, HAROLD SR 8115 TENNYSON DR TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANIELS, JAMES L 2435 BASSWOOD LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000757708
 05/23/07-80083-010 61.25

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: *James L Daniels* **4/31/2007**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #