

**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.



Principal Place of Business
**916 PAUL RUSSELL RD.
TALLAHASSEE, FL 32301**

Mailing Address
**916 PAUL RUSSELL RD.
TALLAHASSEE, FL 32301**



04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WILLIAMS, RAYMOND JR.
STREET ADDRESS	3014 KEVIN STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	VCD
NAME	BROWN, ALBERT JR.
STREET ADDRESS	1404 BALBOA DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	SD
NAME	LANE, HAROLD SR
STREET ADDRESS	8115 TENNYSON DR
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	TD
NAME	DANIELS, JAMES L
STREET ADDRESS	2435 BASSWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/23/07-80083-010 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2007

Date

Daytime Phone #