


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90103 025 ****61.25

DOCUMENT # N05000002898 1. Entity Name FOUR CORNERS CHURCH OF CHRIST, INC.					
Principal Place of Business FORMOSA GARDENS HOME'S INC. 7836 W IRLO BRONSON HWY KISSIMMEE, FL 34747			Mailing Address C/O WILLIAM A CLAYTON, JR 320 E COLUMBIA ST LAKE ALFRED, FL 33850		
2. Principal Place of Business - No P.O. Box #		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	
CLAYTON, WILLIAM A JR 320 E COLUMBIA STREET LAKE ALFRED, FL 33850				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u>William A Clayton Jr</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> <u>William A CLAYTON Jr</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u>1/12/07</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIBBLE, WILLIAM TERRY		NAME		
STREET ADDRESS	1210 LYNN AVE		STREET ADDRESS		
CITY - ST - ZIP	AUBURNDAL, FL 33823		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, GROVER H JR		NAME	V/D	
STREET ADDRESS	109 HIGH STREET SW		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33880		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, WILLIAM A JR		NAME		
STREET ADDRESS	320 E COLUMBIA ST		STREET ADDRESS		
CITY - ST - ZIP	LAKE ALFRED, FL 33850		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUNLEY, STEPHEN		NAME		
STREET ADDRESS	325 PINELAKE VIEW DR		STREET ADDRESS		
CITY - ST - ZIP	DAVENPORT, FL 33837		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGGBRECH, ROBERT		NAME		
STREET ADDRESS	426 ALLISON AVE.		STREET ADDRESS		
CITY - ST - ZIP	DAVENPORT, FL 33897		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 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: <u>William A Clayton Jr</u> <u>William A. CLAYTON Jr</u> <u>1/12/07</u> <u>(863)956-2550</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					