

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000006147**

1. Entity Name  
**THE CHRISTIAN COMMUNITY ORGANIZATION OF  
ARCHER, INC.**



Principal Place of Business  
**13815 SW 171ST PLACE  
ARCHER, FL 32618**

Mailing Address  
**P O BOX 563  
ARCHER, FL 32618**



05202007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3956593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KYLER, PATRICIA A  
13815 SW 171ST PLACE  
ARCHER, FL 32618**

**DO NOT WRITE  
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 14, 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	PD KYLER, PATRICIA A P O BOX 563 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHENS, HELEN P O BOX 563 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, SALENA P O BOX 646 ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000765336  
05/31/07-80035-013 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:**

*Patricia A. Kyler* *Patricia A. Kyler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-07 (352) 393-8834

Date

Daytime Phone #