2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 24, 2008 8:00 am
Secretary of State
02-07-2008 90024 002 ****61.25

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

Principal Place of Business	Mailing Address
13815 SW 171ST PLACE ARCHER, FL 32618	P O BOX 563 ARCHER, FL 32618

66007840

01282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3956593
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KYLER, PATRICIA A
STREET ADDRESS	P O BOX 563
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	VPD
NAME	STEPHENS, HELEN
STREET ADDRESS	P O BOX 563
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	SD
NAME	ROBINSON, SALENA
STREET ADDRESS	P O BOX 646
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 4/22/08 (352) 495-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #