

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009918

1. Entity Name
SPEEDWAY COMMUNITY CHURCH INC.



Principal Place of Business
**2475 SE 4TH LANE
HOMESTEAD, FL 33033**

Mailing Address
**2475 SE 4TH LANE
HOMESTEAD, FL 33033**



03032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 61-1494988 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**GALLAGHER-GONIA, BRENDA J
26971 SW 119 COURT
HOMESTEAD, FL 33032**

**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 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 | DD SHIFFER, BROCK D PASTOR 2475 SE 4TH LANE HOMESTEAD, FL 33033 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | O CARLSON, ANN W 2645 SE 5 CT HOMESTEAD, FL 33033 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | O MURRAY, TERESA 2240 SE 6CT HOMESTEAD, FL 33033 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T GALLAGHER/GONIA, BRENDA 26971 SW 119 CT HOMESTEAD, FL 33032 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000699272
04/19/07-80036-002 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

Date

Daytime Phone #