2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000009918

1. Entity Name
SPEEDWAY COMMUNITY CHURCH INC.

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

01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1494988
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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

U00000787829
01/18/08-80016-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DD
NAME	SHIFFER, BROCK D PASTOR
STREET ADDRESS	2475 SE 4TH LANE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	O
NAME	CARLSON, ANN W
STREET ADDRESS	2645 SE 5 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	O
NAME	MURRAY, TERESA
STREET ADDRESS	2240 SE 6CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	T
NAME	GALLAGHER/GONIA, BRENDA
STREET ADDRESS	26971 SW 119 CT
CITY-ST-ZIP	HOMESTEAD, FL 33032
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: Brenda J. Gallagher-Gonia 1/14/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #