2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sep 06, 2006 8:00 am Secretary of State 09-06-2006 90041 040 ****70 00 DOCUMENT # N05000011088 CHRISTIAN ASSEMBLEY CHURCH INC. 40103211 Principal Place of Business Mailing Address 3250 NE 160 ST PO BOX 750 **CITRA, FL 32113** CITRA, FL 32113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08242006 Cha-NP CR2E037 (4/06) 4. FEI Number City & State City & State Applied For 65-1278311 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE BENNIE 3250 NE 160 ST Street Address (P.O. Box Number is Not Acceptable) **CITRA, FL 32113** Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MAMIE CLARK D-T Change TITLE ☐ Delete TITLE 3258 NE. 160th ST PRICE, BENNIE NAME NAME 3250 NE 160 ST STREET ADDRESS STREET ADDRESS CITEA, FL. 32113 CITY-ST-ZIP CITRA, FL 32113 CITY-ST-ZIP SHIRLEY PRICE TITLE Delete ☐ Change - Addition 3250 NE. 160th, ST. NAME NAME STREET ADDRESS STREET ADDRESS CITRA, FL. 32113 CITY-ST-ZIP CITY-ST-ZIP BOBBY PRICE LAD D-T Change TITLE ☐ Delete TITI F -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITEA, FL. 32113 -CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAME OF BIGNING OFFICER OR DIRECTOR

<u>8-29-06 352-595- 2425</u>

FILED

	TAN-06		1724-06
1/2 \$ 55.00	, , , , , , , , , , , , , , , , , , ,	\$7 \$65.00	1
,	ATTACHMENT	5/14 63.00	
1/9 32.00		5/21 68.00	
1116 80.00	40103211	5/28/67.00	
1/23 55.00	#N0500011088	263.00	
1/30 53.00			TOTAL \$1382.00
# 275.00		,	-1250.00
	FEB-06	Payour	# 132.00
2/6 # 62.00	7-65-06	1	
2/13 61,00			
2/30 170.00		<i>I</i> 	
2/27 92.00			
# 285.00			
3/6 \$ 48.00	MAR-06		
3/13 66.00			
3/10 89,00			
3/27 67.00			
	APRIL-06		
4/3 67.00 4/10 66.00 4/17 77.00 4/26 70.00	·		
4/10 66.00			
4/17 77.00			
4/36 70.00		 	
#280.00			