


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000011088 1. Entity Name CHRISTIAN ASSEMBLY CHURCH INC.	
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Principal Place of Business 3250 NE 160 ST CITRA, FL 32113	Mailing Address PO BOX 750 CITRA, FL 32113
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DO NOT WRITE IN THIS SPACE



05102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1278311	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRICE, BENNIE 3250 NE 160 ST CITRA, FL 32113	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstalling)	DATE _____
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Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, BENNIE 3250 NE 160 ST CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLARK, MAMIE C 3258 NE 160TH ST CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, SHIRLEY 3250 NE 160TH ST CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PRICE, BOBBY 4300 NE 175TH ST RD CITRA, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/11/07-80007-030 70.00

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: <u>Bennie Price - Bennie Price</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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