2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05209

FILED Jan 25, 2006 8:00 am Secretary of State 01-25-2006 90024 048 ****61.25

1. Entity Nam SEBRING		AY CHURCH OF C	CHRIST, INC.						
Principal Plac 3800 SEBRII SEBRING, FL	NG PKWY		Mailing Address 3800 SEBRING PKWY SEBRING, FL 33870	BOO SEBRING PKWY		you			
Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			ng-NP	CR2E037 (11/05)	
City & State			City & State			4. FEI Number 59-274547	7	 	pplied For ot Applicable
Zip			Zip			5. Certificate of St		S8.75 Ad Fee Require	
	6. Name a	nd Address of Current R	legistered Agent		Nama	7. Name and Add	ress of New R	egistered Agent	
SHINHOLSER, OLIN W HIGHLANDS COUNTY COURTHOUSE					Name Street Address (P.O. Box Number is Not Acceptable)				
	MMERCE A FL 33870	VE., ROOM 333							
			City			FL Zip Cox	de		
	named entity sions of register		the purpose of changing its	registere	od office or registe	ered agent, or both, in	the State of Flo	rida. I am familiar with	, and accept
SIGNATURE	Signature, typed or	printed name of registered agent a	nd title if applicable. (NOTE	: Registered	d Agent signature requir	ed when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2006 Trust Fund Contribu									
10.		OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS II	V 10
TITLE	SD								V 10
NAME	SHINHOLSER, OLIN W		Delete	IIILE	Y	>		Change	Addition
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STREET ADDRESS CITY-ST-7IP	i .	IMERCE AVE	L.J Delete	NAMI STREE	ET ADORESS	>		+	
CITY-ST-ZIP	SEBRING,	IMERCE AVE		NAMI STREI CITY-	E ET ADORESS ST-ZIP	>		Change	Addition
	SEBRING, I	IMERCE AVE FL 33872	L. Delete	NAMI STREE	E ET ADDRESS -ST-ZIP	·		+	
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12. Thereby 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 gibbley like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 06 863-402-690,