

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05209

FILED
Jan 16, 2007
Secretary of State

Entity Name: SEBRING PARKWAY CHURCH OF CHRIST, INC.

Current Principal Place of Business:

3800 SEBRING PKWY
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3800 SEBRING PKWY
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-2745477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHINHOLSER, OLIN W
HIGHLANDS COUNTY COURTHOUSE
430 S. COMMERCE AVE., ROOM 333
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SHINHOLSER, OLIN W,
Address: 430 S. COMMERCE AVE
City-St-Zip: SEBRING, FL 33872

Title: STD () Delete
Name: MARCUM, DAVID
Address: 310 THRUSH AVE.
City-St-Zip: SEBRING, FL 33872

Title: PD () Delete
Name: TALBERT, PAUL
Address: 4417 PITCHING WEDGE WAY
City-St-Zip: SEBRING, FL 33872

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SHINHOLSER, OLIN W
Address: 430 S. COMMERCE AVE
City-St-Zip: SEBRING, FL 33872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JOHNSON, HARRY
Address: 5455 FARA STREET
City-St-Zip: SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MARCUM

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01/16/2007

Electronic Signature of Signing Officer or Director

Date