

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000525

FILED
May 06, 2008
Secretary of State

Entity Name: CHURCH OF CHRIST AT EATONVILLE, INC.

Current Principal Place of Business:

25 WASHINGTON AVE
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

2 VILLAGE GREEN
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3502508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DELEVEAUX, RUPERT J
540 MAITLAND COVE DRIVE
MAITLAND, FL 32751 US

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: PD () Delete
Name: HARRIS, JAMES
Address: 2 VILLAGE GREEN
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: HARRIS, DON E
Address: 23 SWEET BAY LN
City-St-Zip: ORLANDO, FL 32855

Title: D () Delete
Name: DELEVEAUX, RUPERT J
Address: 540 MAITLAND COVE DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: COBB, LEROY
Address: 7 WASHINGTON AVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES HARRIS

PD

05/06/2008

Electronic Signature of Signing Officer or Director

Date