

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N06000004742**

1. Entity Name  
**THE FIRST CHURCH OF EVOLUTION, INC.**



Principal Place of Business  
**411 LEMON AVE  
SEBRING, FL 33870**

Mailing Address  
**4LL LEMON AVE.  
SEBRING, FL 33870**



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1278256</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DAILEY, WILLIAM C  
620 RED OAK AVE  
SEBRING, FL 33870**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000778162  
01/10/08-90036-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DAILEY, WILLIAM C
STREET ADDRESS	620 RED OAK AVE
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	D
NAME	CARLISLE, LENARD
STREET ADDRESS	3723 KENILWORTH BLVD
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	D
NAME	SOWELL, LAMAR
STREET ADDRESS	1251 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *William C. Dailey* **William C. Dailey** 1/8/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #