

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # N06401
 1. Entity Name
 FIRST CHRISTIAN CHURCH, BARTOW, FLORIDA,
 (DISCIPLES OF CHRIST), INC.



Principal Place of Business 400 SOUTH OAK AVE 400 SOUTH OAK BARTOW, FL 33830-839 US	Mailing Address 400 SOUTH OAK AVE 400 SOUTH OAK BARTOW, FL 33830-830 US
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01052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6141941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HATCHER, ROBERT
 400 S OAK AVE
 BARTOW, FL 33830

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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 _____ (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

U00000777365
 01/10/08-80005-004 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCD OSBORNE, JACK 2243 US HWY 17 SO BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDCC HATCHER, ROBERT 1842 SANDY KNOLL CR LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERR, NICK PO BOX 87 MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINGARD, BOB 410 WOODLAWN BARTOW, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, JANICE 875 EAST WABASH BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARMON, BOYCE 2055 FLORAL AVE S BARTOW, FL

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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: Robert Hatcher ROBERT HATCHER 1/7/08 863-647-5632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #