

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08226

FILED
Feb 21, 2005
Secretary of State

Entity Name: THE CHURCH OF CHRIST OF MID-TOWN, INC.

Current Principal Place of Business:

2021 BRUTON BLVD.
ORLANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 550185
ORLANDO, FL 32855 US

New Mailing Address:

FEI Number: 59-2773690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTERS, J. WILLIAM, II
1500 S. SEMORAN BLVD.
ORLANDO, FL 32807 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: PD () Delete
Name: THOMPSON, JAMES H
Address: 2709 WEKIVA MEADOWS CT.
City-St-Zip: APOPKA, FL 32712

Title: TD () Delete
Name: WILSON, MORGAN
Address: 1876 BEEWOOD CT
City-St-Zip: ORLANDO, FL

Title: S () Delete
Name: DAFFIN, BERNICE DEXTER
Address: 3417 LEWIS CT
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: NORMAN, WILLIAM,
Address: 6207 SHADOWWOOD CT
City-St-Zip: ORLANDO, FL 32808

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 for the exemption stated in Section 119.07(3)(i), 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: MORGAN WILSON

TD

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date