2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08226

FILED Apr 25, 2006 Secretary of State

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

Current	rincipal Place	of Business:	New Prince	cipal Place of Business:
	ITON BLVD. D, FL 32805	US		
Current Mailing Address:		New Maili	New Mailing Address:	
PO BOX 5 ORLAND(550185 D, FL 32855	US		
FEI Number	: 59-2773690	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired (X)
Name and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:
1500 S. SI	S, J. WILLIAM, EMORAN BLVI D, FL 32807	D.		
	e named entity s e of Florida.	submits this statement for the pu	urpose of changing	its registered office or registered agent, or both,
SIGNATU				
	Hlectron	ic Signature of Registered Ager	nt	Date
OFFICER	S AND DIREC			NS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	S AND DIREC	TORS: Delete AMES H MEADOWS CT.		
Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIREC PD () THOMPSON, J, 2709 WEKIVA I APOPKA, FL 3	Delete AMES H MEADOWS CT. 2712 Delete GAN	ADDITION Title: Name: Address:	PD (X) Change () Addition WILSON, MORGAN 1876 BEEWOOD COURT
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	PD () THOMPSON, J, 2709 WEKIVA I APOPKA, FL 3 TD () WILSON, MOR 1876 BEEWOO ORLANDO, FL	Delete AMES H MEADOWS CT. 2712 Delete GAN D CT Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (X) Change () Addition WILSON, MORGAN 1876 BEEWOOD COURT ORLANDO, FL 32818 D (X) Change () Addition NORMAN, WILLIAM E 1197 KIRK ST
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OFFICER Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip:	S AND DIREC PD () THOMPSON, J, 2709 WEKIVA I APOPKA, FL 3 TD () WILSON, MOR 1876 BEEWOO ORLANDO, FL S () DAFFIN, BERN 3417 LEWIS C ORLANDO, FL D () NORMAN, WILI 6207 SHADOW ORLANDO, FL	Delete AMES H MEADOWS CT. 2712 Delete GAN DD CT Delete ICE DEXTER T Delete LIAM, WOOD CT	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WILSON, MORGAN 1876 BEEWOOD COURT ORLANDO, FL 32818 D (X) Change () Addition NORMAN, WILLIAM E 1197 KIRK ST ORLANDO, FL 32808 () Change () Addition D (X) Change () Addition

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: MORGAN WILSON PD 04/25/2006