2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08226

FILED Apr 24, 2008 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JTON BLVD. O, FL 32805	US			
Current N	Mailing Address	s:	New Mailing Addres	ss:	
PO BOX (ORLAND		US			
FEI Numbe	er: 59-2773690	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name an	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1500 S. S ORLAND The above	e named entity s	US	urpose of changing its registere	ed office or registered agent, or both,	
	te of Florida.				
SIGNATU		c Signature of Registered Age	nt	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
	D ()	Delete	Title:	() Change () Addition	
Name: Address:	GRIFFIN, BENJA 1291 MONTHEA	TH CIRCLE	Name: Address: City-St-Zip:	() Shange () / laddon	
Name: Address: City-St-Zip: Fitle: Name: Address:	GRIFFIN, BENJA 1291 MONTHEA OCOEE, FL 347 PD () WILSON, MORG 1876 BEEWOOI	TH CIRCLE 761 Delete SAN D COURT	Address:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	GRIFFIN, BENJA 1291 MONTHEA OCOEE, FL 347 PD () WILSON, MORG 1876 BEEWOOI ORLANDO, FL 3 D () NORMAN, WILL 1197 KIRK STRI	TH CIRCLE 761 Delete 6AN 0 COURT 32818 Delete IAM E EET	Address: City-St-Zip: Title: Name: Address:		
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	GRIFFIN, BENJA 1291 MONTHEA OCOEE, FL 347 PD () WILSON, MORG 1876 BEEWOOI ORLANDO, FL 3 D () NORMAN, WILL 1197 KIRK STRI ORLANDO, FL 3 S () DAFFIN, BERNIG 3417 LEWIS CO	TH CIRCLE 761 Delete AN D COURT 32818 Delete AM E EET 32808 Delete DE DEXTER JURT	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

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: MORGAN WILSON MR 04/24/2008