2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08335

City-St-Zip:

SD

HUNTER, HAL

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32221

934 SHORTRIDGE CT

ORANGE PARK, FL 32065

() Delete

() Delete

Entity Name: THE CHURCH AT ARGYLE, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
	/LE FOREST BLVD. VILLE, FL 32244 US		
Current Mailing Address:		New Maili	ng Address:
	/LE FOREST BLVD. VILLE, FL 32244 US		
FEI Number: 59-2452062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
	HAL /LE FOREST BLVD VILLE, FL 32244 US		
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:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () Delete ACHORD, NEAL 804 BELLSHIRE DR ORANGE PARK, FL 32073	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition DYAL, KENNETH DR 2649 COUNTRY CLUB BLVD ORANGE PARK, FL 32073 US
Title: Name: Address: City-St-Zip:	VD () Delete SCHNEIDER, GEORGE 6495 WOODLAND KEYSTONE HEIGHTS, FL 32656	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GOWER, MYRON T 667 PINE FOREST DR N ORANGE PARK, FL 32003 US
Title: Name: Address:	T () Delete BASS, KIMBERLY 1840 LINDSEY RD	Title: Name: Address:	TD (X) Change () Addition BASS, KIMBERLY 1840 LINDSEY RD

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.

City-St-Zip:

SD

HUNTER, HAL

934 SHORTRIDGE CT

SHACKLEFORD, KAREN

6322 LAKE PLANTATION DR

JACKSONVILLE, FL 32244 US

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

JACKSONVILLE, FL 32221 US

ORANGE PARK, FL 32065 US

(X) Change () Addition

() Change (X) Addition

SIGNATURE: HAL HUNTER SD 05/03/2007