2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # N08753

1. Entity Name
CENTRAL CHURCH OF CHRIST OF LABELLE, INC.

Principal Place of Business	Mailing Address
60 HENDRY ST LABELLE, FL 33935	60 HENDRY ST LABELLE, FL 33935

01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2452408
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BULLARD, JAMES
390 PONY PLACE
MOORE HAVEN, FL 33471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** *May Be Added to Fees*

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLARD, JAMES
STREET ADDRESS	390 PONY PLACE
CITY-ST-ZIP	MOORE HAVEN, FL 33471
TITLE	TD
NAME	GASKINS, TOM III
STREET ADDRESS	36 COUNCIL RD.
CITY-ST-ZIP	VENUS, FL 33960
TITLE	DVP
NAME	MCDANIEL, TIFTON
STREET ADDRESS	190 CLARK ST.
CITY-ST-ZIP	LABELLE, FL
TITLE	SD
NAME	GASKINGS, TOM JR
STREET ADDRESS	36 COUNELL RD
CITY-ST-ZIP	VENUS, FL 33960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80061-009 61.25

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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: Tom Gaskins M. Tom GASKINS, JR. 1-14-07 863-531-0137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #