

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N08753

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



Principal Place of Business 60 HENDRY ST LABELLE, FL 33935	Mailing Address 60 HENDRY ST LABELLE, FL 33935
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01202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2452408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BULLARD, JAMES 390 PONY PLACE MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASKINS, TOM III 36 COUNCIL RD. VENUS, FL 33960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCDANIEL, TIFTON 190 CLARK ST. LABELLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GASKINGS, TOM JR 36 COUNELL RD VENUS, FL 33960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/05/08-80017-015 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: *X* **TOM GASKINS JR** *Tom Gaskins, Jr.* **1-20-08** **863-531-0137**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #