

**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**



01202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000803245
02/05/08-80017-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM GASKINS JR

Date

1-10-08

Daytime Phone #

863-

531-0137