2006 NOT-FOR-PROFIT CORPORATION ____ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCUMENT # N09766 **Secretary of State** 1. Entity Name FIRST CHRISTIAN CHURCH OF ARCADIA, INC. Principal Place of Business Mailing Address FIRST CHRISTIAN CHURCH 34 ST VERANO AVENUE ARCADIA FL 34266 10 EL VERANO AVENUE ARCADIA FL 33821 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-2364178 Not Applicable Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCOTT, EUGENE Street Address (P.O. Box Number is Not Acceptable) 2144 SW COUNTY ROAD 661 **PO BOX 358** ARCADIA FL 34266 City Zip Code 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 whear reinstating) na y nakalijaji. FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change □ Add™ TITLE ☐ Delete MILE SCOTT, EUGENE NAME NAME HHHIII))445090 2144 SW COUNTY ROAD 661 STREET ADDRESS STREET ADDRESS 03/07/M6 80029-017 61.25 ARCADIA FL 34266 CITY-SI-ZIP CITY-ST-ZIP PD TITLE ☐ Change ☐ Add: TITLE ☐ Delete LOUGHREN, ROBERT NAME NAME 13144 NE LUHNER AVE STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP DITY-ST-JIP ☐ Change ם Delete HILE TITLE ALBRITTON, SIDNEY NAME NAME STREET ADDRESS 4481 SE N. HOG BAY EXT. STREET ADDRESS ARCADIA FL 34266 CITY-ST-ZIP CRY-ST-ZIP ☐ Change 🔲 Addiss ☐ Delete TITLE NAME NAM STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-272 TITLE □ Change Diedelini ₹(₹(, € ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ A.:.. Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered

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