


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90290 028 ****61.25

DOCUMENT # N14699					
1. Entity Name FANNING SPRINGS CHURCH OF CHRIST, INC.					
Principal Place of Business 9207 FLA ST FANNING SPRINGS, FL 32693 US			Mailing Address 9207 FLA ST FANNING SPRINGS, FL 32693 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2591217	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCQUEEN, RONALD A. 9207 FLORIDA STREET FANNING SPRINGS, FL 32693			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Ronald A. McQueen</u> <u>Ronald A. McQueen</u> <u>4-8-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD <input type="checkbox"/> Delete NAME MCQUEEN, RONALD A. STREET ADDRESS 9207 FLA. ST CITY-ST-ZIP FANNING SPRINGS, FL 32693			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME MCQUEEN, THOMAS R. STREET ADDRESS SOUTH BAY ROAD CITY-ST-ZIP SUWANNEE, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>McQueen, Thomas R.</u> STREET ADDRESS <u>101 River Road</u> CITY-ST-ZIP <u>Old Town FL 32680</u>		
TITLE SD <input type="checkbox"/> Delete NAME JAUDON, JUDSON, T. STREET ADDRESS 2171 NW 49TH TERR. CITY-ST-ZIP GAINESVILLE, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ronald A. McQueen</u> <u>Ronald A. McQueen</u> <u>4-8-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					