2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N14775

1. Entity Name
CHURCH OF CHRIST OF CITRUS PARK, INC.

Principal Place of Business	Mailing Address
5105 W. EHRLICH RD. TAMPA, FL 33624-2040 US	5105 W EHRLICH RD TAMPA, FL 33624-2040 US

01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2827937
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUALLS, MATTHEW
7811 BULLARA DR.
TAMPA, FL 33637

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALDWELL, CHARLES G
STREET ADDRESS	11114 LAKE SASSA DRIVE
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	D
NAME	MADRIGAL, RAMON A
STREET ADDRESS	6297 TANAGER PLACE
CITY-ST-ZIP	TEMPLE, FL 33617
TITLE	D
NAME	QUALLS, MATTHEW K
STREET ADDRESS	7811 BULLARA DRIVE
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	D
NAME	TYLER, RICHARD S
STREET ADDRESS	14903 WEDGEWOOD PLACE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/01708-80059-020 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: Matt Qualls MATT QUALLS 1/13/2008 813-983-9617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #