

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15250

FILED
May 01, 2007
Secretary of State

Entity Name: RAIFORD ROAD CHURCH, INC.

Current Principal Place of Business:

9201 S.R. 121 SOUTH
MACCLENNEY, FL 32063

New Principal Place of Business:

Current Mailing Address:

9201 S.R. 121 SOUTH
MACCLENNEY, FL 32063

New Mailing Address:

FEI Number: 59-2300430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GRIFFIS, HAROLD
8805 MUDLAKE RD
MACCLENNEY, FL 32063 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LYONS, JAMES G
Address: P.O. BOX 817
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: T () Delete
Name: GRIFFIS, HAROLD
Address: 8805 MUDLAKE RD
City-St-Zip: MACCLENNEY, FL 32063

Title: T () Delete
Name: YARBOROUGH, GLENN
Address: 9483 MUDLAKE RD
City-St-Zip: MACCLENNEY, FL 32063

Title: T () Delete
Name: GRIFFIS, MARTHA
Address: 17353 WEST BEAVER STREET
City-St-Zip: BALDWIN, FL 32234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G. LYONS

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05/01/2007

Electronic Signature of Signing Officer or Director

Date