

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

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N15834

1. Entity Name

MCINTOSH CHRISTIAN CHURCH CORPORATION



Principal Place of Business

3535 MCINTOSH RD.
DOVER FL 33527

Mailing Address

P.O. BOX 65
SEFFNER FL 33583
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2962518

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADGETT, BOB L.
3535 MCINTOSH RD
(P. O. BOX 65)
DOVER FL 33527

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☐ Delete
NAME BADGETT, THOMAS N.
STREET ADDRESS 503 MOORE AVE
CITY- ST- ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS 000000414888
CITY- ST- ZIP 02/11/06-80056-014 70.00

TITLE DP ☐ Delete
NAME BADGETT, BOB L.
STREET ADDRESS 3535 MCINTOSH RD.
CITY- ST- ZIP DOVER FL 33527

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add
CITY- ST- ZIP ☐ Change ☐ Add

TITLE D ☐ Delete
NAME LEDFORD, LOU
STREET ADDRESS 5206 ORANGE AVE
CITY- ST- ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
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CITY- ST- ZIP ☐ Change ☐ Add

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 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: *Bob L. Badgett* BOB L. BADGETT 813-659-1973