

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90012 012 ****61.25

DOCUMENT # N21041

1. Entity Name
MARGARET STREET CHURCH OF CHRIST, INC.



Principal Place of Business

**6745 MARGARET ST
MILTON, FL 32570**

Mailing Address

**6745 MARGARET ST
MILTON, FL 32570**



03052006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2261506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPLE, JOHN
~~300~~ MARGARET STREET
MILTON, FL 32570

6745

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TEMPLE, JOHN E., JR.
STREET ADDRESS	407 OAKLAND DR.
CITY-ST-ZIP	MILTON, FL
TITLE	TD
NAME	GLASKOW, JACK
STREET ADDRESS	6801 SUMMIT DR
CITY-ST-ZIP	MILTON, FL
TITLE	SD
NAME	HELMS, BILLY
STREET ADDRESS	5491 PINE BARRON ROAD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	SD
NAME	LOCKLIN, JACK JR
STREET ADDRESS	5703 SANDSTONE DR
CITY-ST-ZIP	PACE, FL 32577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jack Locklin *say* 3/5/06 830 623 ²⁵⁰⁰