2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT Jul 25, 2007 08:00 AM DOCUMENT # N23232 **Secretary of State** 1. Entity Name CHURCH OF CHRIST AT SOUTH BUMBY, INC. Principal Place of Business Mailing Address 3940 S. BUMBY AVE PO BOX 560207 ORLANDO, FL 32856 US ORLANDO, FL 32856 CR2E037 (4/06) 07172007 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNCAN, DAVID A DO NOT WRITE 9076 PALOS VERDE DR ORLANDO, FL 32825 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 argnature required when reinstating) DATE U00000770413 07/25/07-80002-010 61.25 \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE HINELY, J. VERNON NAME STREET ADORESS 1473 MONTCLAM ST CITY-ST-ZIP ORLANDO, FL NAME DUNCAN, DAVID A STREET ADDRESS 9076 PALOS VERDE DR CITY-ST-ZIP ORLANDO, FL 328258068 TITLE HARKRIDER, ROBERT STREET ADDRESS 2093 GATLIN AVE DO NOT WRITE CITY-ST-ZIP ORLANDO, FL 32806 mil

IN THIS SPACE

12. Thereby 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: David A Dr. SIGNATURE AND TY

HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP