

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N23232

1. Entity Name
CHURCH OF CHRIST AT SOUTH BUMBY, INC.



Principal Place of Business

**3940 S. BUMBY AVE
ORLANDO, FL 32856 US**

Mailing Address

**PO BOX 560207
ORLANDO, FL 32856 US**



03122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNCAN, DAVID A
9076 PALOS VERDE DR
ORLANDO, FL 32825**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HINELY, J. VERNON
STREET ADDRESS	1473 MONTCLAM ST
CITY-ST-ZIP	ORLANDO, FL

TITLE	PD
NAME	DUNCAN, DAVID A
STREET ADDRESS	9076 PALOS VERDE DR
CITY-ST-ZIP	ORLANDO, FL 328258068

TITLE	SD
NAME	HARKRIDER, ROBERT
STREET ADDRESS	2093 GATLIN AVE
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

David A. Duncan

3-12-08

(407) 851-8031

Date

Daytime Phone #