


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # N27547		
1. Entity Name TENTMAKING FOR CHIRST INTERNATIONAL, INC.		
Principal Place of Business 813 N. SCOTT LAKE VILLAGE LAKELAND, FL 33813	Mailing Address 813 N. SCOTT LAKE VILLAGE LAKELAND, FL 33813	



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2905296	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

HUBBARD, DONALD R.
813 N. SCOTT LAKE VILLAGE
LAKELAND, FL 33813

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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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

DATE
000000790460
01/23/08-80033-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBARD, DONALD R. 813 N. SCOTT LK. VILLAGE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUBBARD, STEPHEN R. 2575 OLD CLEAR POND RD CONWAY, SC 29526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBBARD, ROSE M. 813 N. SCOTT LK VILLAGE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIESS, BOB 4310 OLD COLONY ROAD MULBERRY, FL 33860
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:

Donald R. Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08 (863) 646-8708
Date Daytime Phone #