2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90068 012 ****61.25

DOCUMENT # N27685

1. Entity Name
METRO CHURCH OF CHRIST, INC.

60010865

Principal Place of Business	Mailing Address
281 DIVISION ST OVIEDO, FL 32765 US	PO BOX 621966 OVIEDO, FL 32762-1966 US

01242006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1491 E. State Road 434	1491 E. State Road 434
Suite, Apt. #, etc.: Suite # 101	Suite, Apt. #, etc.: Suite 101
City & State: Winter Springs, FL	City & State: Winter Springs, FL
Zip: 32708 Country: US	Zip: 32708 Country: US

4. FEI Number 59-2847190 ☐ 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
MUTH DAVID C 1937 KIMBRACE PLACE WINTER SPRINGS, FL 32792	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 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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WASHBURN, VICTOR 117 JANE CREEK RD GENEVA, FL 32732	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Rick H. Cox 1037 Pebble Beach Circle East Winter Springs, FL 32708	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUTH, DAVID C 1937 KIMBRACE PLACE WINTER PARK, FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kirk Walker 1140 Shady Palm Cove Oviedo, FL 32765	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GERBER, BERT 936 SAZA RUN CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William G. Easter 522 Osprey Lakes Circle Chuluota, FL 32766	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEE, RICK 1490 AVALON BLVD CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: DMuth Dave Muth 1/30/06 407-366-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #