

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.		

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

60010865

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



01242006 Chg-NP CR2E037 (11/05)

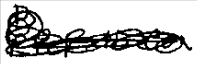
4. FEI Number 59-2847190	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUTH DAVID C 1937 KIMBRACE PLACE WINTER SPRINGS, FL 32792	7. Name and Address of New Registered Agent 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 32716 ☐ 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	 ☐ 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: David Muth 1/30/06 407-366-7714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #