


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # N28957 1. Entity Name SPRINGHILL ROAD CHURCH OF CHRIST, INC.					
Principal Place of Business C/O MANLEY WOODSON 4201 SPRINGHILL ROAD TALLAHASSEE, FL			Mailing Address C/O MANLEY WOODSON 4201 SPRINGHILL ROAD TALLAHASSEE, FL		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODSON, MANLEY 106 WINFIELDFONT DR. TALLAHASSEE, FL 32311				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD WOODSON, MANLEY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1061 WINFIELDFONT DR.		NAME	U000000281638	
STREET ADDRESS	TALLAHASSEE, FL 32211		STREET ADDRESS	04/16/08-80008-022 61.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD ANDERSON, BOB <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	115 BUCK LAKE TRAIL		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32317		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ALEXANDER, DAVID JR. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5820 DOONESBURY CT		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32303		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BELL, ARNOLD T. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7292 WINTERCREEK LN		NAME		
STREET ADDRESS	TALLAHASSEE, FL 32308		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Manley Woodson</u>			3-26-08 850 942 6850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		