

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 26, 2005 08:00 AM -
Secretary of State**

DOCUMENT # N30141

1. Entity Name
**5TH STREET CHURCH OF CHRIST, INC. CRYSTAL
RIVER, FLORIDA**



Principal Place of Business
**304 N E 5TH STREET
CRYSTAL RIVER, FL 34429**

Mailing Address
**PO BOX 477
CRYSTAL RIVER, FL 32623-0477**



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2848859

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BUCKINGHAM, BUFORD L
4100 W. HORSESHOE DR
BEVERLY HILLS, FL 34465**

**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

Buford L. Buckingham

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000197045
01/26/05-80096-005 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAVAGE, HUBERT B JR
4255 N. CITRUS AVE
CRYSTAL RIVER, FL 34428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BUCKINGHAM, BUFORD L
4100 W HORSESHOE DR
BEVERLY HILLS, FL 34465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SINGLETON, FLOYD R
901 E WARREN STREET
PLANT CITY, FL 33563**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALKER, MICKEY M
2228 PIEDMONT STREET
ORLANDO, FL 32805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000000197045
01/26/05-80096-006 8.75**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Buford L. Buckingham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2005