2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90025 038 ****61.25

DOCUMENT # N30354

1. Entity Name

FROSTPROOF CHURCH OF CHRIST, INC.

Principal Place of Business	Mailing Address
40 W A ST FROSTPROOF FL 33843 US	40 W A STREET FROSTPROOF FL 33843 US

1st MOORE CR2E037 (10/07)

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

4. FEI Number 57-2186877 ☐ 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
NICHOLSON, DAMON A 28 C STREET FROSTPROOF FL 33843	Name: JOHN DuBOSE, SR. Street Address (P.O. Box Number is Not Acceptable): 893 N. Crooked Lake Drive City: Babson Park **FL** Zip Code: 33827

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: John DuBose Sr. John DuBose SR Director 3/10/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW; FEE IS $61.25
Due By May 1, 2008

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	D NICHOLSON, DAMON A 28 C STREET FROSTPROOF FL 33843	☒ Delete	Director JOHN DuBOSE, SR. 893 N. Crooked Lake Dr. Babson Park, Fl 33827	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBOSE, JAMES C. 942 HARRELL AVENUE FROSTPROOF FL 33843	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL, SR, TERRY 2952 N MILLDEN ROAD AVON PARK FL 33825	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John DuBose Sr. March 4, 2008 JOHN DuBose SR (863) 638-0473
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (ATTACH ADDITIONAL PAGE IF NECESSARY) DATE