


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 030 ****61.25

DOCUMENT # N36622 1. Entity Name FIRST CHRISTIAN CHURCH OF CHIEFLAND, FLORIDA, INC.	
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Principal Place of Business 6591 NW 140TH ST CHIEFLAND, FL 32626-1085	Mailing Address P.O. BOX 1085 CHIEFLAND, FL 32644
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01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2968648	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARR, FRED 7380 W SUWANNEE ST BELL, FL 32619

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUNDS, JAMES 6851 NW 60TH AVE CHIEFLAND, FL 32626 <i>Delete Deceased 9-107</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E MARR, FRED P O BOX 403 BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E OBRIEN, JACK P O BOX 688 CHIEFLAND, FL 32644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, KAY 85 SE 535TH ST OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kay Davis KAY DAVIS 1-13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #