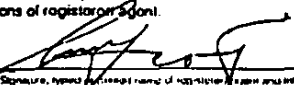
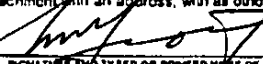


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

02-07-2007 90050 033 ****61.25

DOCUMENT # N37206					
1. Entity Name JAY CHURCH OF CHRIST, INC.					
Principal Place of Business 4043 HIGHWAY 4 P.O. BOX 507 JAY FL 32565 US			Mailing Address JAY CHURCH OF CHRIST, INC. P.O. BOX 507 JAY FL 32565 US		
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 59-2173304	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, RAYMOND M 4614 DOBSON RD JAY FL 32565				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  Raymond M. Scott 1-22-07 (Signature, typed or printed name of registered agent and order of acceptance) (DO NOT SIGN unless you are the registered agent or authorized officer of the corporation)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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					
10a. TITLE	10b. NAME	10c. STREET ADDRESS	10d. CITY-STATE-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	D	SCOTT, MICHAEL D	JAY FL	☐ Change ☐ Addition	
	D	SCOTT, RAYMOND M	4614 DOBSON RD JAY FL 32565	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ 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: 				3-9-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	