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

SIGNATURE:

Mar $0\overline{1}$, $\overline{2}007$ 8:00 am DOCUMENT # N41067 **Secretary of State** 1. Entity Name 03-01-2007 90022 042 ****61.25 SOUTHSIDE CHURCH OF CHRIST OF ZEPHYRHILLS, Principal Place of Business Mailing Address 37737 C. ÁVENUE ZEPHYRHILLS FL 33542 37737 C. AVENUE ZEPHYRHILL\$ FL 33542 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Number 59-2943263 Not Applicable Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent F. Salliuan PERRY, RAYMOND E Street Address (P.O. Box Number is Not Acceptable) 37111 LAKOTA CT ZEPHYRHILLS FL 33542 Zip Code 335 4/ 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. alan mullins 37805 waverl TITLE Delete NAME PERRY, RAYMOND NAME Zephyrhills, Fl 33541 STREET ADDRESS STREET LADORESS 37111 LAKOTA CT CHY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL THE ۷D ☐ Delete TITLE ☐ Change ■ Addition NAME OGILBEE, HAROLD NAME STREET ADDRESS STREET ADDRESS 38213 HUFF RD CITY-ST-ZIP CITY ST-ZIP ZEPHYRHILLS FL 33542 Ron Strott 3951 allen Road Zephyr hiels, 4/33541 PD Defete Addition NAME NAME FLEET, CHARLIE STREET ADDRESS STREET ADDRESS 36653 BLANTON RD CITY-S1-ZIP CITY-ST-7IP DADE CITY FL 33523 TITLE ☐ Defete THEF ☐ Change ■ Addition NAME NAME SULLIVAN, FRANK STREET ADDRESS STREET ADDRESS 4134 LOWELL LANE CITY-ST-ZIP CITY-ST-ZIP ZEPHRYHILLS FL 33542 IIIU: ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP 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.

FILED

Daytime Phone #