
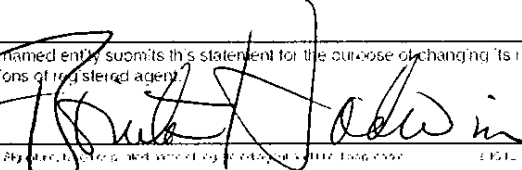
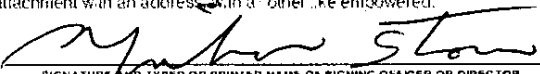


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90059 023 \*\*\*\*61.25

<b>DOCUMENT # N46098</b>			
1. Entity Name CENTRAL CHURCH OF CHRIST OF LAKE CITY, INC.			
Principal Place of Business 6130 S. US 441 LAKE CITY, FL 32055 US		Mailing Address POST OFFICE BOX 160 LAKE CITY, FL 32056-0160 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
6. Name and Address of Current Registered Agent  HADWIN, BONITA 634 SE ROSEWOOD CIR LAKE CITY, FL 32025		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 qualifications of registered agent.			
SIGNATURE 		5/9/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 III 10	
TITLE	<del>PO</del>	TITLE	Director
NAME	<del>BRYAN, LARRY</del>	NAME	Michael Lindboe
STREET ADDRESS	<del>747 SW BALL LN</del>	STREET ADDRESS	2820 SW Cypress Lake
CITY, ST, ZIP	<del>LAKE CITY, FL 32025</del>	CITY, ST, ZIP	Lake City, FL 32024
TITLE	DTS	TITLE	
NAME	MORRIS, JOYCE	NAME	
STREET ADDRESS	6410 SE COUNTRY CLUB ROAD	STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY, FL 32025	CITY, ST, ZIP	
TITLE	VPD	TITLE	
NAME	STONE, MICHAEL	NAME	
STREET ADDRESS	POB 1087	STREET ADDRESS	
CITY, ST, ZIP	GLEN SAINT MARY, FL 32040	CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
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 I 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 another like empowered.			
SIGNATURE: 		Michael Stone VPD 5/9/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	