


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

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90027 049 \*\*\*\*61.25

DOCUMENT # N46098					
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		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HADWIN, BONITA 634 SE ROSEWOOD CIR LAKE CITY, FL 32025				Name	
				Street Address (P.O. Box Numbers Not Accepted)	
				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 qualifications of registered agent.					
SIGNATURE: <i>Bonita Hadwin Bonita Hadwin</i> 3-30-08					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDBOE, MICHAEL		NAME		
STREET ADDRESS	2820 SW CYPRESS LAKE		STREET ADDRESS		
CITY ST ZIP	LAKE CITY, FL 32024		CITY ST ZIP		
TITLE	DTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STONE, MICHAEL		NAME	<i>Jack Exum JR</i>	
STREET ADDRESS	POB 1087		STREET ADDRESS	<i>498 SW Jafus Ave</i>	
CITY ST ZIP	GLEN SAINT MARY, FL 32040		CITY ST ZIP	<i>LAKE CITY, FL - 32024</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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 another like empowered.					
SIGNATURE: <i>Michael Lindboe Michael Lindboe</i> 3-30-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					