


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		4. FEI Number 59-3102788	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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					