2006 NOT-FOR-PROFIT CORPORATION

May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # N49081** 05-02-2006 90179 045 ****70 00 29TH STREET CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 3310 NORTH 29TH STREET 3310 NORTH 29TH STREET **TAMPA, FL 33610** TAMPA FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092006 Chg-NP CR2E037 (11/05) Applied For City & State 4. FEI Number City & State 59-3189777 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Crasa lucker STONE, MELVIN J. 3310 NORTH 29TH STREET Street Address (R.O. Box Number is Not Acceptable) **TAMPA, FL 33610** ELMCE ered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office or regis the obligations of registered agent. (NOTE: Registe 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. П Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Ċ TITLE ☐ Delete TITLE ▼ Change ☐ Addition STONE, MELVIN J NAME NAME 3508 33 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-712 D ☐ Change Addition TITE F ☐ Delete mr KING, JR., PERRY NAME NAME STREET ADDRESS 1316 E. CYPRESS ST. STREET ADDRESS CITY-ST-7IP **TAMPA, FL 33606** CITY-ST-ZIP ☐ Delete Addition TITI F TITLE ☐ Change TILLMAN, LARRY NAME 3212 E. PARIS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP ☐ Delete FITLE Change Addition PARKER, JR, WILLIE NAME NAME 3208 STREET ADDRESS 2613 CRESTFIELD DR STREET ADDRESS VALRICO, FL 33594 CITY-ST-7IP CITY-ST-7IP Defete Change TITLE TITLE ☐ Addition

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 all other like empowered.

NAME

TITLE

MAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

GAINES, GEORGE E

TAMPA, FL 33610

MOBLEY, SAMUEL

TAMPA, FL 33610

3214 E. PARIS STREET

4234 E CAYUGA STREET

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition

FILED