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

SIGNATURE:

## **FILED** Feb 28, 2007 08:00 AN Secretary of State DOCUMENT # N50505 1. Entity Namo FIRST CHRISTIAN CHURCH OF MACCLENNY, INC. Principal Place of Business Mailing Address 1064 WEST MACCLEMMY AVE 1064 WEST MACCLEMMY AVE MACCLENNY FL 32063 MACCLENNY FL 32063 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 City & Stato 4. FEI Number Applied For 74-2747671 Not Applicable · Zip Zip Country 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 MURPHY, EVERETT A Street Address (P.O. Box Number is Not Acceptable) 9529 MANSION ROAD GLEN SAINT MARY FL 32040 City Zip Codo 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. ■ Due By May 1, 2007 \*\*\* Florida Department of State Added to Fees Market and the state of the state of ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. HILE ☐ Delete HILE ☐ Change Addition NAME NAME ODEN, RUSSELL WAYNE STREET ADDRESS STREET ADDRESS RT 2, BOX 426 <u>UQQQQQQ</u>S<u>I</u>Ş<u>6</u>8 CITY-ST-7IP CITY-ST-ZIP GLEN ST. MARY FL ☐ Delete TITLE TITLE NAME MARKER, WALTER STREET ADDRESS STREET ADDRESS CONFEDERATE DR. CITY-ST-ZIP CITY-ST-ZIP GLEN ST. MARY FL ☐ Change ☐ Addition ☐ Delete TITLE NAME MURPHY, EVERETT A NAME STREET ADDRESS STREET ADDRESS 9529 MANSION ROAD CITY - \$1 - 7/P CITY-ST-ZIP GLEN SAINT MARY FL 32040 ☐ Detete ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY - ST - 7JP THU: □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 Statutos. 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 trustoe 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.

2/15/07 904-259-4160