# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N51010

1. Entity Name
HOSFORD COMMUNITY CHURCH, INC.

**FILED**
**Sep 05, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 15386 NE SR 65<br>HOSFORD, FL 32334 | PO BOX 268<br>HOSFORD, FL 32334 |

07092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOSFORD, KENNETH L
S.R. 65 N. KENT RD.
HOSFORD, FL 32334

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DT |
| NAME | HOSFORD, JOYCE |
| STREET ADDRESS | 15386 NE SR 65 |
| CITY-ST-ZIP | HOSFORD, FL 32334 |
| TITLE | DT |
| NAME | HOSFORD, DUNCAN |
| STREET ADDRESS | S.R. 65 NORTH |
| CITY-ST-ZIP | HOSFORD, FL 32334 |
| TITLE | DT |
| NAME | HOSFORD, KEN |
| STREET ADDRESS | S.R. 65 N. KENT RD. |
| CITY-ST-ZIP | HOSFORD, FL 32334 |
| TITLE | DT |
| NAME | HOSFORD, RUSSELL |
| STREET ADDRESS | S.R. 65 NORTH |
| CITY-ST-ZIP | HOSFORD, FL 32334 |
| TITLE | DT |
| NAME | KITTE, CARTER |
| STREET ADDRESS | 6550 HIDDEN LAKES DR. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 |
| TITLE | DT |
| NAME | MCMILLAN, SUNDAE |
| STREET ADDRESS | 3802 PINEY GROVE DR. |
| CITY-ST-ZIP | TALLAHASSEE, FL 32311 |

U00000959106
09/05/08-80002-011 61.25

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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.

**SIGNATURE:** _____ 9-3-08 850-643-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #