


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 A
Secretary of State

DOCUMENT # N92000000572
 1. Entity Name
 AIRPORT ROAD CHURCH OF CHRIST, INC.



Principal Place of Business Mailing Address
 2845 AIRPORT RD P.O. BOX 242
 CRESTVIEW, FL 32539 US CRESTVIEW, FL 32536 US

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02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 59-2211554 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LOCKE, EMERY
 3082 COSSON CIR
 CRESTVIEW, FL 32536

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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 *Emery Locke* Emery Locke 2/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARNES, M L 6306 HWY 85 NORTH CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARNHILL, ROY 6223 HWY 85 NORTH CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOCKE, EMERY 3082 COSSON CIR CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTIN, JOE H 1176 FARMER STREET CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUKER, RONALD D 1301 TEXAS PKWY CRESTVIEW, FL 32536
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/06/07-80032-013 70.00

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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: *Emery Locke* Emery Locke 2/21/07 (850) 682-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #