2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000000749



Feb 15, 2007 8:00 am Secretary of State 02-15-2007 90046 039 ****61.25

FILED

1. Entity Nam CHRIST I INC.		METHODIST CHU	RCH OF	FLEESBURG) ,						
1313 GRIFFIN ROAD 1313			1313	illing Address 113 GRIFFIN ROAD ESBURG, FL 34748) ar ii) ar ii] ar	IMI NILIN SIRID IR	111 21 61 186 1
2. Principal Place of Business - No P.O. Box # 3. Mai			3. Maili	Aailing Address							
Suite, Apt. #, etc. St			Suit	Suite, Apt. #, etc.			01192007	Chg-NP	CR2E03	37 (12/06)	
City & Stat	e		City	ity & State			4. FEI Number 59-1417	570	1		pplied For ot Applicable
Zip			Zip			5. Certificate of Status Desired See Required Fee Required					
	6. Name	and Address of Current	Registered	d Agent		Name	7. Name and A	ddress of New R	egistered /	Agent	-
MEADOWS, SARAH 1313 GRIFFIN ROAD LEESBURG. FL 34748							s (P.O. Box Number	is Not Acceptable	9)		
LLLUDGII	O, I L 5-71	40									
	,					City			FL	Zip Cod	е
	named entity lions of regist	y submits this statement for ered agent.	or the purpo	ose of changing its	registere	ed office or registe	ered agent, or both,	, in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent	end title if appli	cable. (NOTE	: Recistere	d Agent algneture require	red when reinstating)		DATE		
	7/5/3				•						
	11.4	<i>7</i> .									
		? e is \$61.25 lay 1, 2007		9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees			k payable t tment of S	
10.	Due by M	lay 1, 2007	RECTORS					Flor	ida Depar	tment of S	tate
TITLE	Due by M	lay 1, 2007 OFFICERS AND DI	RECTORS		11.	on. , □	Added to Fees	Flor	ida Depar	tment of S	tate
TITLE NAME	Due by M	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE	on. ,	Added to Fees	Flor	ida Depar	RECTORS IN	10
TITLE	Due by M D HOLY, MII 2272 LAKI	lay 1, 2007 OFFICERS AND DI	RECTORS	Trust Fund C	11. TITLE NAMI	on. , □	Added to Fees	Flor	ida Depar	RECTORS IN	10
TITLE NAME STREET ADDRESS	Due by M D HOLY, MII 2272 LAKI	Nay 1, 2007 OFFICERS AND DI KE FOR THE POINTE CIRCLE	RECTORS	Trust Fund C	11. TITLE NAMI	E ET ADDRESS - ST-ZIP	Added to Fees	Flor	ida Depar	RECTORS IN	tate 10 Addition
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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.

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: Mike Holt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

326-5651 Daytime Phone #

Date