

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 A
Secretary of State

DOCUMENT # N93000001172

1. Entity Name
JASPER CHURCH OF CHRIST, INC.



Principal Place of Business

P.O. BOX 1207
JASPER, FL 32052

Mailing Address

JASPER, FL 32052



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, ARTHUR P. JR.
808 3RD STREET N.W.
JASPER, FL 32052

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	D
NAME	COOK, WAYNE
STREET ADDRESS	3701 NW CR 150
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	AVRIETT, DAVID A
STREET ADDRESS	PO BOX 384
CITY-ST-ZIP	JASPER, FL 32052
TITLE	D
NAME	KING, ROBERT M
STREET ADDRESS	6368 KING AVE
CITY-ST-ZIP	JENNINGS, FL 32053
TITLE	D
NAME	SEASHOLTZ, CONRAD
STREET ADDRESS	PO BOX 370
CITY-ST-ZIP	LAKE PARK, GA 31636
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000630356
02/20/07-80002-001 61.25

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IN THIS SPACE**

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:

Wayne Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07 386-938-4466

Date

Daytime Phone #