


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001172</b> 1. Entity Name JASPER CHURCH OF CHRIST, INC.	
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Principal Place of Business P.O. BOX 1207 JASPER, FL 32052	Mailing Address P.O. BOX 1207 JASPER, FL 32052
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02132008 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 <input type="checkbox"/>	<b>\$8.75</b> 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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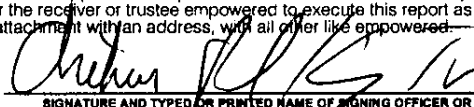
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, WAYNE 3701 NW CR 150 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVRIETT, DAVID A PO BOX 384 JASPER, FL 32052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, ROBERT M 6368 KING AVE JENNINGS, FL 32053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEASHOLTZ, CONRAD PO BOX 370 LAKE PARK, GA 31636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000836515  
03/04/08-80013-019 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2-13-08</b> <b>386-938-4466</b> <small>Date Daytime Phone #</small>