

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90191 002 \*\*\*\*61.25

<b>DOCUMENT # N93000002372</b> 1. Entity Name <b>FIRST CHRISTIAN CHURCH FROSTPROOF, INC.</b>					
Principal Place of Business 2241 CR 630 W FROSTPROOF, FL 33843 US				Mailing Address 2241 CR 630 W FROSTPROOF, FL 33843 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3190067</b>				Applied For <input type="checkbox"/> 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  <b>HIGGINBOTTOM, DAVID B</b> <b>101 E. WALL ST.</b> <b>FROSTPROOF, FL 33843</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, CHARLES E 1894 N. LAKE REEDY BLVD. FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T James R. Cheeseman 10404 Hwy 27 #33 Frostproof, Fl. 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WION, RICHARD 1232 JOSHUA DRIVE FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ralph Delp 1197 Zackary Drive Frostproof, Fl. 33843	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCELHANEY, CHESTER R. 316 CARMELA CIRCLE FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARROCK, PAUL D 1640 S. SCENIC HWY. #9 FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHLON, ROY 409 PAGE AVENUE FROSTPROOF, FL 33843		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Charles E. Carter</i>			1/9/06 Date (863) 635-5236		