


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N94000001035 1. Entity Name FOLLOWERS OF CHRIST MINISTRY CORPORATION	
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Principal Place of Business 962 N. MARION AVENUE LAKE CITY, FL 32056	Mailing Address POST OFFICE BOX 902 LAKE CITY, FL 32056
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3226259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REED, TOMMIE A
RT 8 BOX 365R
LAKE CITY, FL 32055**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000786232 01/17/08-80032-012 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	D REED, TOMMIE A 130 NW JAN C.T. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D REED, LORETTA 130 NW JAN C.T. LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CREEL, JOHN A 959 N.W. SOPHIE DRIVE WHITE SPRINGS, FL 32096
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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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: Tommie A. Reed PASTOR **1-10-08** **755-3003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #