

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90108 029 ****70.00

DOCUMENT # N94000003104					
1. Entity Name CAROL CITY CHURCH OF CHRIST, INC.					
Principal Place of Business 16900 N.W. 22ND AVE. CAROL CITY, FL 33056			Mailing Address 16900 N.W. 22ND AVE. CAROL CITY, FL 33056		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17913 SW 35 CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miramar, FL		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
33029		USA		02042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent JACKSON, DONALD C 17913 SW 35 CT. HOLLYWOOD, FL 33029			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME PHILLIPS, GLENN E STREET ADDRESS 17220 NW 67TH AVE #109 CITY-ST-ZIP MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3811 SW 160 Ave Apt # 301 CITY-ST-ZIP Miramar-FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WHITE, WALTER L STREET ADDRESS 1488 N.W. 101ST ST. CITY-ST-ZIP MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JACKSON, DONALD STREET ADDRESS 17913 SW 35 CT. CITY-ST-ZIP MIRAMAR, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROBINSON, WILLIE STREET ADDRESS 17531 N.W. 49TH AVE. CITY-ST-ZIP MIAMI, FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WHITE, DONALD STREET ADDRESS 18020 NW 48 CT CITY-ST-ZIP MIAMI, FL 33055	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Donald Jackson II STREET ADDRESS 8553 South Hampton Drive CITY-ST-ZIP Miramar-FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald C. Jackson</u> Donald C. Jackson <u>7Feb08</u> <u>305-282-4875</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					