

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90057 041 ****70.00

DOCUMENT # N95000000316 1. Entity Name BURNHAM CHRISTIAN CHURCH, INC.					
Principal Place of Business 4520 NW CR 146 JENNINGS, FL 32053			Mailing Address 4520 NW CR 146 JENNINGS, FL 32053		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1803977	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BURNAM, R. LAVON CPA 1514 NIRA ST. JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODIN, LOUIE <input checked="" type="checkbox"/> Delete 2926 NW 49TH AVE JENNINGS, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CURTIS <input type="checkbox"/> Delete 4336 NW CR 143 JENNINGS, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORGAN, RONNY <input type="checkbox"/> Delete 4984 NW CR 146 JENNINGS, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAS, DAMON <input type="checkbox"/> Delete 5060 NW 20TH BLVD. JENNINGS, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, SYBIL <input type="checkbox"/> Delete 4216 NW CR 143 JENNINGS, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Debbie Murphy <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4171 NW 40th Avenue Jennings, FL 32053				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: Damon Deas 1/13/08 (386) 938-4125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					