

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003234

1. Entity Name

10TH STREET CHURCH OF CHRIST AT 157 W. 10TH
STREET, APOPKA, FLORIDA INCORPORATED



Principal Place of Business

Mailing Address

157 W. 10TH STREET
APOPKA FL 32703

157 W. 10TH STREET
APOPKA FL 32703

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3396270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, NATHAN E SR
157 W. 10TH STREET
APOPKA FL 32703

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: S
JENKINS, NATHAN SR.
STREET ADDRESS: 1518 N SIMPSON ST
CITY-STATE-ZIP: MOUNT DORA FL 32757

TITLE: ☐ Delete
NAME: D
GREGORY, WILFRED BRO
STREET ADDRESS: 154 W. 10TH ST.
CITY-STATE-ZIP: APOPKA FL 32703

TITLE: ☐ Delete
NAME: TD
ARMSTRON, ADOLPH
STREET ADDRESS: 1520 S. HIGHLAND AVENUE
CITY-STATE-ZIP: APOPKA FL 32703

TITLE: ☐ Delete
NAME: D
MCFARLAND, RENARD
STREET ADDRESS: 816 ROYAL OAK CT
CITY-STATE-ZIP: DELAND FL 32724

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 000000624171
CITY-STATE-ZIP: 02/14/07-80019-024 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nathan E. Jenkins Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/07

407-884-4835