2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 06, 2008 08:00 AN DOCUMENT # N95000003234 1. Entity Name **Secretary of State** 10TH STREET CHURCH OF CHRIST AT 157 W. 10TH STREET, APOPKA, FLORIDA INCORPORATED Mailing Address 157 W. 10TH STREET 157 W. 10TH STREET APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business - No P.O. Box # 3. Maileig Address Suile, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3396270 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JENKINS, NATHAN E SR Street Address (P.O. Box Number is Not Acceptable) 157 W. 10TH STREET APOPKA FL 32703 Zip Code City 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Frorida. Lam familiar with, and accept the obligations of registered agent. registred agent and the Tacptons e (NOTE: Registered Again signature real tred when reliablished) TANDER PARTIES PARTIES OF THE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete THEF Change JENKINS, NATHAN SR. NAME NAME U000000817150 1518 N SIMPSON ST STREET ADDRESS STREET ADDRESS 02/14/08-80082-012 61.25 MOUNT DORA FL 32757 CITY - ST- 7IP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change ■ Addition GREGORY, WILFRED BRO NAME NAME 154 W. 10TH ST. STREET ADDRESS STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ARMSTRON, ADOLPH NAME NAME STREET ADDRESS 1520 S. HIGHLAND AVENUE STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE ☐ Delete ☐ Change ncitibtA 🔲 MCFARLAND, RENARD NAIZE NAME 816 ROYAL OAK CT STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete THILE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY+ST-ZIP TiTLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. Thereby 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

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE