

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 13, 2008  
Secretary of State**

DOCUMENT# N95000003351

Entity Name: CHURCH OF CHRIST IN INVERNESS, INC

**Current Principal Place of Business:**

3875 S. PLEASANT GROVE RD.  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

3875 S. PLEASANT GROVE RD.  
INVERNESS, FL 34452

**New Mailing Address:**

FEI Number: 31-1548615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CLARK, DAVID  
3107 S. FRANKLIN TERRACE  
INVERNESS, FL 34450      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: FEESER, MICHAEL  
Address: 9280 EAST SILVER OAKS TRAIL  
City-St-Zip: INVERNESS, FL 34450

Title: VD      ( ) Delete  
Name: COLEMAN, SAMUEL W  
Address: 4676 E. VIEWTOP LANE  
City-St-Zip: INVERNESS, FL 34452

Title: TD      ( ) Delete  
Name: CLARK, DAVID  
Address: 3107 S. FRANKLIN TERRACE  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CLARK

TD

02/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date