2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DCCUMENT # N95000004617 1. Entity Name 01-26-2006 90029 019 ****61.25 CENTRAL CHURCH OF CHRIST OF FLAGLER COUNTY. INC. Principal Place of Business Mailing Address 400 N. STATE ST P.O. BOX 353789 **BUNNELL FL 32110** PALM COAST FL 32135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3426233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STIDHAM, DAVID G Street Address (P.O. Box Number is Not Acceptable) 15 RADCLIFFE DRIVE PALM COAST FL 32164 City 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 lan. 18, 200 6 SIGNATURE. egistered agent and title if applicable 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, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VD TITLE PΩ Delete Change ☐ Addition STANLEY, DAVID NAME NAME 660 BLACK POINT RD. STREET ADDRESS STREET ADDRESS **BUNNELL FL 32110** CITY-ST-ZIP CITY-ST-ZIP PD Delete TITLE TITLE Addition ☐ Change Franklin, Howard 41 Pine Crest DR COLBURN, JIM NAME 9 BANTON LANE STREET ADDRESS STREET ADDRESS PALM COAST FL 32137 CITY-ST-ZIP CITY-ST-ZIP PALM COAST, FL 32164 TITLE Delete TITLE ☐ Change Addition NAME EDWARDS, CALVIN K NAME STREET ADDRESS 507 N. ORANGE ST STREET ADDRESS **BUNNELL FL** CITY-ST-ZIP CITY-ST-ZIP TITLE CD ☐ Delete TITLE ☐ Change ☐ Addition STIDHAM, DAVID G STREET ADDRESS 15 RADCLIFFE DRIVE STREET ADDRESS CITY-ST-7IP PALM COAST FL 32164 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachyclipt with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

David G. S

Jan. 18. 2006

FILED

Jan 26, 2006 8:00 am

2006 931-8872