


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004617 1. Entity Name CENTRAL CHURCH OF CHRIST OF FLAGLER COUNTY, INC.	
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Principal Place of Business 400 N. STATE ST BUNNELL, FL 32110	Mailing Address P.O. BOX 353789 PALM COAST, FL 32135
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DO NOT WRITE IN THIS SPACE




01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3426233	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STIDHAM, DAVID G 15 RADCLIFFE DRIVE PALM COAST, FL 32164
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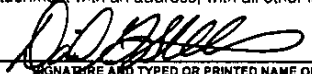
DO NOT WRITE IN THIS SPACE

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 	DAVID G. STIDHAM <small>(NOTE: Registered Agent signature required when reinstating)</small>	1/8/07 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANLEY, DAVID 660 BLACK POINT RD. BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLIN, HOWARD 41 PINE CREST DR PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, CALVIN K 507 N. ORANGE ST BUNNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STIDHAM, DAVID G 15 RADCLIFFE DRIVE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	DAVID G. STIDHAM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/8/07 (386) 437-1941 <small>Date Daytime Phone #</small>