

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001470

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** CHURCH OF CHRIST OF PLANT CITY, INC.

**Current Principal Place of Business:**

315 N WILDER RD  
PLANT CITY, FL 33566 US

**New Principal Place of Business:**

**Current Mailing Address:**

315 N WILDERRD  
PLANT CITY, FL 33566 US

**New Mailing Address:**

315 N WILDER RD  
PLANT CITY, FL 33566 US

**FEI Number:** 59-2715062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAXWELL, RONNIE F  
4280 N FRONTAGE RD  
PLANT CITY, FL 33565 US

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

FULLER, JAMES C  
3040 SUTTON WOODS  
PLANT CITY, FL 33566 US

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: JAMES C FULLER

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FULLER, JAMES C  
Address: 3040 SUTTON WOODS DR  
City-St-Zip: PLANT CITY, FL 33566

Title: ST ( ) Delete  
Name: COPELAND, RAYMOND  
Address: 2101 E KNIGHT GRIFFEN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: D ( ) Delete  
Name: MAXWELL, RONNIE  
Address: 4280 N. FRONTAGE RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: D (X) Delete  
Name: RICKETTS, GARY  
Address: 2802 CASON ST  
City-St-Zip: SEFFNER, FL 33584

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

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

Title: D (X) Change ( ) Addition  
Name: RICKETTS, GARY  
Address: 2802 CASON CT  
City-St-Zip: SEFFNER, FL 33584

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: JAMES C FULLER

ELD.

02/05/2009

Electronic Signature of Signing Officer or Director

Date