


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N96000002552 1. Entity Name BUCKHEAD RIDGE CHRISTIAN CHURCH, INC. |  |
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| Principal Place of Business 3 LINDA RD. OKEECHOBEE, FL 34974 | Mailing Address 3 LINDA RD. OKEECHOBEE, FL 34974 |
|--|--|



04212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|-------------------------------|
| 4. FEI Number 59-3423733 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

ALTICE, RONALD
7375 SW 9TH ST
OKEECHOBEE, FL 34974

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ALTICE, RONALD 7375 SW 9TH ST. OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV COTTON, J W 57 LAKE DR OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MITCHUM, REGINA 1675 SW 35TH CIR OKEECHOBEE, FL 34974 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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05/03/07-80019-026 61.25

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IN THIS SPACE**

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: *Regina Mitchum* REGINA MITCHUM TREASURER 4-22-7 (863) 462-4473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #