2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATURE AND TYPED OR PRINTED

SIGNATURE:

## FILED Aug 23, 2007 08:00 AN Secretary of State DOCUMENT # N96000006259 1. Entity Name CHRISTIAN DISCIPLES CHURCH INC. Mailing Address Principal Place of Business CHRISTIAN DISCIPLES CHURCH 3214 4TH STREET EAST BRADENTON FL 34208 1710 9TH STREET W. **BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt #, etc 2nd MOORE CR2E037 (4/07) City & State City & State 4. FEI Number Applied For 65-0713715 Not Applicable Zip Ζiρ Country 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 CROSBY, JEANETTE 3214 4TH STREET EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34208** 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 of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution, Due By September 5, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE Delete Change TITLE ☐ Addition 1100000772642 CROSBY, MORGAN NAME NAME 08/29/07-80003-007 70.00 3214 4TH STREET EAST STREET ADDRESS STREET ADDRESS BRADENTON FL 34208 CITY+ST-7IP CITY-ST-ZIP 1371 # ☐ Delete THE ☐ Chanue ☐ Addition CURRY, LOUISE NAME NAME 5205 DAVID AVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-7/P CITY-ST-ZIP PD TITLE Delete TITLE Change Change ☐ Addition CROSBY, JANETTE NAME STREET ADDRESS 3214 14TH STREET E STREET ADDRESS CITY-ST-ZIP BRADENTON FL 34208 CHY-ST-ZIP ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP THE ☐ Delete ☐ Change THEF Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 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.

NING OFFICER OR DIRECTOR