2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000001117

1. Entity Name

CHAIRES COMMUNITY BAPTIST CHURCH, INC.



FILED Feb 05, 2008 08:00 Al Secretary of State

Principal Place of Business

3079 CHAIRES CROSS ROAD TALLAHASSEE, FL 32317 US

Mailing Address

3079 CHAIRES CROSS ROAD TALLAHASSEE, FL 32317 US



01072008 No Chg-NP

CR2E037 (4/06)

4.	FEI Number
	59-3394996

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARARO, WILLIAM R 1050 WINFIELD FOREST DRIVE TALLAHASSEE, FL 32317

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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. Lam 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 regulated when rensiating) DATE							
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	RA PARARO, WILLIAM R 1050 WINFIELD FOREST DRIVE TALLAHASSEE, FL 32311	NFIELD FOREST DRIVE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBIN, CRAIG 4252 SHERBORNE ROAD TALLAHASSEE, FL 32303 • U00000816273						
NAME STREET ADDRESS CITY - ST-ZIP	COST TRAING ESTERIO				000000816273 02/14/08-80042-019 61.25 NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEDDER, RICHARD B 6949 HANGING VINE WAY TALLAHASSEE, FL 32317			IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLERS, JEFF 6735 PASADENA DR. TALLAHASSEE, FL 32317						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 - 30 x	·		. •		
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							

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 eceiver 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 artigess; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2.2-0

850-656-34\$

Daytime Phone