2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005328

FILED Mar 28, 2007 Secretary of State

Entity Name: CHURCH OF CHRIST, INC. OF CENTRAL VOLUSIA

Current Principal Place of Business: New Principal Place of Business: 1234 FLOMICH AVE HOLLY HILL, FL 32117 **Current Mailing Address: New Mailing Address:** 1234 FLOMICH AVE HOLLY HILL, FL 32117 FEI Number: 59-1908847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANKOFFA, IMANI A 1234 FLOMICH AVE HOLLY HILL, FL 32117 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete LUNDY, THEODORE III LUNDY, THEODORE III Name: Name: 12041 SUNCHASE DR Address: 12041 SUNCHASE DR Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 Title: ΑD () Delete Title: () Change () Addition ROSS, OLIVER SR Name: Name: Address: 6 PHEASANT LANE Address: City-St-Zip: ORMOND BEACH, FL 32714 City-St-Zip: Title: () Delete Title: (X) Change () Addition SANKOFFA, ÎMANI A Name: SANKOFFA, IMANI A Name: 1234 FLOMICH AVE Address: Address: 1234 FLOMICH AVE City-St-Zip: DAYTONA BEACH, FL 321171455 City-St-Zip: DAYTONA BEACH, FL 321171455 Title: () Delete Title: () Change () Addition Name: AUSTIN, JAMES Name: 566 ELDORADO ST Address: Address: City-St-Zip: DAYTONA BEACH, FL 33114 City-St-Zip: Title: () Delete Title: () Change () Addition WILLIAMS, JAMES M Name: Name: 909 OAK ST Address: Address: DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BADIE REIO Name: Name: Address: 620 HUDSON ST Address: DAYTONA BEACH, FL 32114 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: IMANI ASHANTI SANKOFFA O 03/28/2007