2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2008 8:00 am Secretary of State

DOCUMENT # P07000088236 1. Entity Name CHURCH 324, INC.					Secretary of State 05-14-2008 90016 010 ***150.00			
Principal Plac	ce of Business	Mailing Address		<u> </u>	1			
324 CHURCH ST. Deland, FL 32724		324 CHURCH ST. DELAND, FL 32724			A (SENIE) (I) ESTI (SEN ASI) SES SEN SES SIN SES INS SES INS SINS			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		_ 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252008	Chg-P	CR2E034 (12/06)
City & State		City & State		· · · · ·	4. FEI Number			Applied For
Zip	Country	Zip	Cour	ntry	5. Certificate o	f Status Desired	S8.75 A	dditional
	6,_Name,and Address of Current	Registered Agent			7. Name and /	Address of New I	Registered Agent	
ZIEDNAG (DIANE				Name .Tam	es Shen	hard F	ea	
ZIEDWIG, DIANE 324 CHURCH ST. DELAND, FL 32724			•	Street Address (
				Longwood, FL 32750			FL Zip Co	de
The above the obligat	named entity submits this statement killions of registered agent.	or the purpose of changing its	s register	ed office or register	ed agent, or both	, in the State of Fl	orida. I am familiar with	, and accept
SIGNATURE_	•							
	Signature, typed or printed name of registered agent	and tile if applicable. (NO	TE: Registere	d Agent signature required	when remarking)		DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con			.00 May Be ed to Fees			
10.	· · OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	RS IN 11
TITLE	Director	☐ Delete	Mu			_	☐ Change	Addition
STREET ADDRESS	Diane E. Zeidwi	.g	NAM	E Et adoress				
CITY-ST-ZIP	324 E. Church S	St.	1	-SI-ZIP				
TITLE	Deland, Fl 3272	.4 Delete	TITLE	:			Change	Addition
NAME			NAMA	· I				_ ~~~
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP				
TITLE		- Delete	mu		_			
NAME	 	- La Delas	NAM!	i			Change *	Addition
STREET ADDRESS			-	ET ADDRESS				
CITY-ST-ZIP			CITY-	-ST-21P				
TITLE NAME		☐ Detete	IIILE	I .			☐ Change	Addition
STREET ADDRESS		`.	NAME	E El adoress				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Oelete	IIILE			·	☐ Change	Addition
NAME			NAME	II			Ti oranic	
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP	·		-	ST-ZIP				
TITLE NAME		☐ Delete	IIILE				☐ Change	Addition
STREET ADDRESS			NAME	T ADDRESS				
CITY-ST-ZIP				SI-ZIP				
12. I hereby c	ertify that the information supplied with	this filing does not quality to			in Chapter 119 F	Porida Statutae 1	luther earth, that the	alormation

12. Thereby carrily that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is 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 receiver or trustee empowered to execute this report as required by Chapter 607, 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.

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4/24/08