

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709909

FILED
Jul 09, 2005
Secretary of State

Entity Name: EAGLE LAKE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

261 CORNER OF 3RD & BAY AVE
BOX 582
EAGLE LAKE, FL 33839

New Principal Place of Business:

Current Mailing Address:

261 CORNER OF 3RD & BAY AVE
BOX 582
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 59-2878260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THORNHILL, CHARLES A
4250 NEWLYN LANE
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: THORNHILL, CHARLES A
Address: 4250 NEWLYN LANE
City-St-Zip: WINTER HAVEN, FL 338804956

Title: VP () Delete
Name: THORNHILL, C L
Address: 3935 THORNHILL RD.
City-St-Zip: WINTER HAVEN, FL 338805037

Title: OD () Delete
Name: THORNHILL, WILLIAM R
Address: 905 AVE. T S. E.
City-St-Zip: WINTER HAVEN, FL 338804620

Title: TD () Delete
Name: HUBBARD, CALVIN
Address: 265 3RD ST N
City-St-Zip: EAGLE LAKE, FL 33839

Title: OD () Delete
Name: EVANS, BERLE
Address: 5141 TRANSPORT ROAD
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CALVIN HUBBARD

OD

07/09/2005

Electronic Signature of Signing Officer or Director

_____ Date