

|  |                  |  |           |  |         |             |
|--|------------------|--|-----------|--|---------|-------------|
| No. <b>C 23769</b>   |                  | <b>Due no later than Apr 30, 2012</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |         |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>FIRST CHRISTIAN CHURCH OF SANDPOINT INC. IDAHO<br>DALE JEFFRES<br>201 N. DIVISION AVE.<br>SANDPOINT ID 83864-4001<br>USA |           | KATHY HELLMAN<br>11742 WEST PINE<br>SANDPOINT ID 83864 |         |             |
|  |                  |  |           | 3. <u>New</u> Registered Agent Signature:*             |         |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |  |           |  |         |             |
| Office Held  | Name             | Street or PO Address   | City      | State  | Country | Postal Code |
| SECRETARY  | DAREN PARSONS    | 238 UPPER HUMBIRD DR   | SANDPOINT | ID   | USA     | 83864       |
| DIRECTOR   | TONY NELSON      | 377 UPPER HUMBIRD DR   | SANDPOINT | ID   | USA     | 83864       |
| DIRECTOR   | RON MAY          | P.O. BOX 1989  | SANDPOINT | ID   | USA     | 83864       |
| DIRECTOR   | ROY LONG         | 11859 N. BOYER   | SANDPOINT | ID   | USA     | 83864       |
| PRESIDENT  | DALE JEFFRES     | 43475 HWY 200  | HOPE      | ID   | USA     | 83836       |
| TREASURER  | DAN SHUPP        | 1505 NORTHSHORE DR   | SANDPOINT | ID   | USA     | 83864       |
| DIRECTOR   | ROLEY SCHOONOVER | 1413 UPPER GOLD CREEK RD   | SANDPOINT | ID   | USA     | 83864       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 23769</b>   |                  | 6. Annual Report must be signed.*<br>Signature: Kathy Hellman<br>Name (type or print): Kathy Hellman<br>Date: 03/20/2012<br>Title: Office Manager  |           |  |         |             |
| Processed 03/20/2012   |                  | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |