


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90270 033 \*\*\*\*70.00

**DOCUMENT # N05000006837**  
1. Entity Name  
**MARSHALLESE COMMUNITY CHURCH A/G, INC.**



Principal Place of Business      Mailing Address  
4200 17TH AVE N      4200 17TH AVE N  
ST PETERSBURG FL 33713      ST PETERSBURG FL 33713

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**202767560**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JONATHAN HUMPHREY**  
**4200 17TH AVE N**  
**ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-electing) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONATHAN HUMPHREY		NAME		
STREET ADDRESS	5870 56TH AVE N		STREET ADDRESS		
CITY-ST-ZIP	KENNETH CITY FL 33709		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NENAM, Willington		NAME		
STREET ADDRESS	7190 51st Terr. N		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33709		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NENAM, PUA H.		NAME		
STREET ADDRESS	7190 51st Terr. N		STREET ADDRESS		
CITY-ST-ZIP	St. Petersburg, FL 33709		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       4/28/06 (727) 368-4031  
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Signature File #