


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

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



Principal Place of Business 4200 17TH AVE N ST PETERSBURG, FL 33713	Mailing Address 4200 17TH AVE N ST PETERSBURG, FL 33713
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2767560	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by May 1, 2008

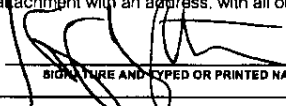
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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 04/16/08-80023-015 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONATHAN, HUMPHREY 5870 56TH AVE N KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NENAM, WILLINGTON 7190 51ST TERR N SAINT PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NENAM, PUA H 7190 51ST TERR N SAINT PETERSBURG, FL 33709
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  3/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #