
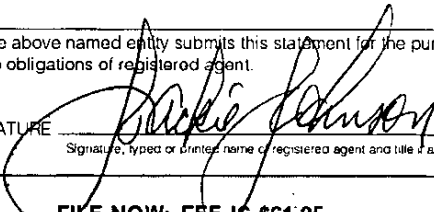


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

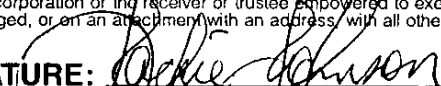
04-26-2007 90200 010 \*\*\*\*61.25

<b>DOCUMENT # N93000003070</b> 1. Entity Name <b>CHRISTIAN EDIFICATION CONFERENCE, INC.</b>			
Principal Place of Business RT 1 HWY 90 WEST P.O. BOX 322 COTTONDALE FL 32431 US		Mailing Address 2659 GREGORY LANE POST OFFICE 322 COTTONDALE FL 32431 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>3039-Edification Dr</b> Suite, Apt. #, etc.	
City & State Cottondale FL		4. FEI Number 59-3199386	
Zip 32431		Country JACKSON	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>JOHNSON, JACKIE</b> <b>2659 GREGORY LANE</b> <b>COTTONDALE FL 32431</b>		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:  <b>Jackie Johnson</b> (NOTE: Registered Agent signature required when reinstating) Date: <b>4/19/07</b>			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JOHNSON, JACKIE	<input type="checkbox"/> Delete	TITLE D Johnson, Jackie
NAME	2659 GREGORY LANE		NAME 3039 Edification Dr
STREET ADDRESS	COTTONDALE FL 32431		STREET ADDRESS Cottondale, FL 32431
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	D GILBERT, RANDAL	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
NAME	1826 GAINER RD		NAME
STREET ADDRESS	CHIPLEY FL 32428-6041		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	DS JOHNSON, BONNIE	<input type="checkbox"/> Delete	TITLE D.S. Johnson Bonnie
NAME	2659 GREGORY LANE		NAME 3039 Edification Dr
STREET ADDRESS	COTTONDALE FL 32431		STREET ADDRESS Cottondale, FL 32431
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	S HAYES, ELDORA	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
NAME	PO BOX 467		NAME
STREET ADDRESS	ALFORD FL 32420		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	D PULLMAN, DELEENA	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
NAME	4861 TRAILOR PARK DR		NAME
STREET ADDRESS	MARIANNA FL 32448		STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP



1st MOORE CR2E037 (10/06)

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:**  **Jackie Johnson** **4/19/07** **850-352-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #