2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2007
Secretary of State

DOCUMENT# N99000003047

Entity Name: DAWSON CHAPEL CHRISTIAN METHODIST EPISCOPAL CHURCH, INC.

Current Principal Place of Business:

225 NORTH ORANGE STREET
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2233
ST. AUGUSTINE, FL 32085 US

New Mailing Address:

FEI Number: 59-3637747 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NESBITT, FRANK E
1 PENN MANOR LANE
PALM COAST, FL 32164 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:	TD	( ) Delete
Name:	AINA JONES, SHIRLEY W	
Address:	980 WEST 6TH STREET	
City-St-Zip:	SAINT AUGUSTINE, FL 32084 US	
Title:	VPD	( ) Delete
Name:	DAVIS, LENNIS	
Address:	190 SOUTH NASSAU STREET	
City-St-Zip:	ST. AUGUSTINE, FL 32084 US	
Title:	SD	( ) Delete
Name:	CHASE, DIANE	
Address:	817 WEST SECOND STREET	
City-St-Zip:	ST. AUGUSTINE, FL 32095 US	
Title:	TD	( ) Delete
Name:	PEMBLETON, LENNETTE	
Address:	125 MARTIN LUTHER KING AVE.	
City-St-Zip:	ST. AUGUSTINE, FL 32084 US	
Title:	D	( ) Delete
Name:	WILLIAMS, HENRY	
Address:	866 COLLIER BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32095 US	
Title:	PD	( ) Delete
Name:	NESBITT, FRANK E	
Address:	1 PENN MANOR LANE	
City-St-Zip:	PALM COAST, FL 32164 US	

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:	
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 Chapter 119, 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: SHIRLEY AINA-JONES TD 01/27/2007
Electronic Signature of Signing Officer or Director — Date