


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90040 005 ****61.25

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|---|--|---|--|---|--|
| DOCUMENT # N06000006040 1. Entity Name EVERGLADES COMMUNITY CHURCH A NONDENOMINATIONAL INC. | | | |  | |
| Principal Place of Business 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | | | Mailing Address P O BOX 528 EVERGLADES, FL 34139 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 177 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State EVERGLADES CITY, FL | | | |
| Zip 34139 | Country USA | 4. FEI Number 22-3934843 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | 7. Name and Address of New Registered Agent Name STANLEY W. KANNING Street Address (P.O. Box Number is Not Acceptable) 625 N. BUCKNER AVE City EVERGLADES CITY FL Zip Code 34139 | | |
| 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. STANLEY W. KANNING, PRESIDENT SIGNATURE <u><i>Stanley W. Kanning</i></u> DATE <u>MARCH 1, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | D BURKE, WALTER 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TIFFT, FRAN 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TANKERSLEY, LOU ANN 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KANNING, STANLEY W 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AMMERMAN, CHRIS 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CURRY, DAVID 101 S COPELAND AVE EVERGLADES CITY, FL 34139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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: <u>Stanley W. Kanning</u> DATE <u>MARCH 1, 2007</u> DAYTIME PHONE # <u>239-695-2223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |