## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 708615** 

Apr 25, 2007 Secretary of State

Entity Name: EVERGREEN INDEPENDENT MISSIONARY BAPTIST CHURCH OF DAVENPORT, FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** DAVENPORT FLA., INC. DAVENPORT FLA., INC. S. 547, P.O. BOX 300 S. 547, BOX 300 LOUGHMAN, FL 33858 LOUGHMAN, FL 33858 **Current Mailing Address: New Mailing Address:** DAVENPORT FLA., INC. S. 547, P.O. BOX 300 LOUGHMAN, FL 33858 FEI Number: 05-0063407 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WOOTEN, LESLIE E 3550 PLEASANT HILL RD KISSIMMEE, FL 34746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition ROBBINS, HAROLD E, Name: Name: 3325 HAM BROWN RD Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: () Delete Title: () Change () Addition VICKERS, BRUCE Name: Name: Address: 4528 REAVES RD Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: () Delete Title: () Change () Addition WOOTEN, GUY Name: Name: 5594 SHARON AVE BOX 211 Address: Address: City-St-Zip: INTERCESSION, FL 33848 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WOOTEN, MARTHA J. Name: 3550 PLEASANT HILL RD. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BRUCE E. VICKERS T 04/25/2007