


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90025 043 ****61.25

| | |
|---|---|
| DOCUMENT # 710032 1. Entity Name MINNEOLA CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC. |  |
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|---|---|
| Principal Place of Business 405 MAIN AVE MINNEOLA, FL 34715 | Mailing Address 405 MAIN AVE MINNEOLA, FL 34715 |
|---|---|

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40022007



01082007 No Chg-NP CR2E037 (4/06)

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1502203 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent DAVIDS, LAWRENCE 10852-VISTA-DEL-SOL <i>112 Regina Way</i> CLERMONT, FL 34711 | <p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
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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 reappointing) DATE _____

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| 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 |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | S |
| NAME | BOYKIN, TERESA <i>WATERMAN, LISA</i> |
| STREET ADDRESS | 9425 W LIBBY RD <i>1401 WINDYBUSH RD</i> |
| CITY-STATE-ZIP | CLERMONT, FL 34711 <i>GROVELAND, FL 34736</i> |
| TITLE | P |
| NAME | BEAVER, ROBERT C JR |
| STREET ADDRESS | 9741 CRENSHAW CIR |
| CITY-STATE-ZIP | CLERMONT, FL 34711 |
| TITLE | T |
| NAME | SLACK, CAROL A |
| STREET ADDRESS | 1140 W MAGNOLIA ST |
| CITY-STATE-ZIP | CLERMONT, FL 34711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-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: *Robert C. Beaver, Jr.* **Robert C. Beaver, Jr.** *2/13/07* **352-394-2028**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #