2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT (AR)**

## **FILED**

1. Entity Narr	MENT # 710299  E CORPORATION OF SALE			Feb 23, 200 Secretai	7 08 y of S	:00 AN State		
CHURCH				·/				
Principal Place of Business		Mailing Address	Mailing Address					
3337 S.E. SALERNO RD. STUART FL 34997		1555 SW KANNER HWY STUART FL 34997						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address		II IIBII BBIIB IIBIB IBATO IDII DIBAT BIBAT	01011 0101E 01831 E	:E   E  E   E3	
Suila, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)				
City & State		City & State		4. FEI Number	59-1513175	<del></del>	oplied For	
Zip	Country	Zıp	Country		5. Cortificate of Status Dosired   \$8.75 Addit Fee Required		ditional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	Agent		
				Name				
COOPER, JEAN P.O.BOX 1349			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
PALM CITY FL 34990								
			City	FL Zip Code				
	named entity submits this statement fo tions of registored agent.	or the purpose of changing it:	s ragistorad affice or regis	stored agont, or both, in	the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title # applicable (NO	E: Registered Agent signature requ	uired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25  Due By May 1, 2007  9. Election Campaign F Trust Fund Contribut				\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees  Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS 11,			11,	ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	l 10	
NITH NAMI STREET ADDRESS CRY-SE-ZIP	TR PARSONS, EARL 2770 SW MONARCH TRL STUART FL 34997	☐ Delete	HHH" NAMI" STREEL ADDRESS CITY+ST-7IP	03	U00000646334 3/06/07-80026-0	□ Change 011 61.2	□ Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-7IP	TR HALLONQUIST, AL 1380 SW BELLGRAVE TERR STUART FL 34997	☐ Delcte	TITLE NAME STRIET ADDRESS CITY-ST-ZIP			Change	Addition	
PILE NAME STREET ADDRESS CITY+SE-719	TR COOPER, JEAN P.O. BOX 1349 PALM CITY FL 34990	☐ Octobe	NAME STREE ADDRESS CITY-ST-7/P			Change	Addition	
NAMI · STRLL I ADDRESS CITY · S1 · ZIP		Detete	HITH NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
THTLE MAME STHEET ADDRESS CITY-S1-71P		☐ Delete	HITLE NAME STRIET ADDRESS CITY-SI-ZIP			Change	Addition	
TITLE NAME STREEL ADDRESS		☐ Deleie	TITLE. NAME STREET ADDRESS			Change	Addition	

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 logal effect as if made under each, that I am an efficer 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.

CITY-ST-ZIP

SIGNATURE:

Secretary Jean Cooper 2/20/07 287-2770