2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# 712362

Entity Name: CENTRAL CHAPEL WORSHIP CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

405 BEVERLY PARKWAY BRENTWOOD PARK
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

405 W. BEVERLY PARKWAY
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 59-2354239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAIL, REV. TIMOTHY E JR.
405 W. BEVERLY PKWY
PENSACOLA, FL 32505 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:	P	( ) Delete
Name:	NAIL, REV. TIMOTHY E JR.	
Address:	405 W. BEVERLY PKWY	
City-St-Zip:	PENSACOLA, FL 32505	
Title:	D	( ) Delete
Name:	BARNETT, MELVIN REV.	
Address:	2110 ST. ANDREWS DR.	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	MULLINS, LEE	
Address:	2841 E. KINGSFIELD RD.	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	DST	( ) Delete
Name:	GOODMAN, TIM	
Address:	604 BOOTH AVENUE	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	D	( ) Delete
Name:	NAIL, TIMOTHY E SR.	
Address:	8635 BOWMAN AVE.	
City-St-Zip:	PENSACOLA, FL 32534	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BARNETT, MELVIN REV.	
Address:	32880 COUNTY RD 64 EXT	
City-St-Zip:	ROBERTSDATE, AL 36567	
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 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: TIMOTHY E. NAIL, JR. P 04/25/2007

Electronic Signature of Signing Officer or Director — Date