


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 019 ****61.25

DOCUMENT # 715307	
1. Entity Name THE CHURCH OF GOD OF JENSEN, INC.	

Principal Place of Business 1050 NE COUNTLINE RD JENSEN BEACH FL 34958	Mailing Address P.O. BOX 647 JENSEN BEACH FL 34958
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country	Country	Country	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 23-7045311	Applied For <input type="checkbox"/> 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 DIXON, CHARLES E 335 N.W. DIXON WAY JENSEN BEACH FL 34957
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7. Name and Address of New Registered Agent Name THALIA M. HODGE Street Address (P.O. Box Number is Not Acceptable) 1457 SE PORTILLO RD. City PORT ST. LUCIE FL Zip Code 34952
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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 <i>Thalia M. Hodge</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 2-20-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2007
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete DECEASED
PDD DIXON, CHARLES E 335 N.W. DIXON WAY JENSEN BEACH FL 34957	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
SD HODGE, THALIA M 1457 S.E. PORTILLO RD. PORT ST. LUCIE FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TD SILAS, MICHAEL 4713 N.E. 10TH AVE. JENSEN BEACH FL 34957	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD MIRETHA WILEY 1120 NE COUNTYLINE RD. JENSEN BEACH FL 34957	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ANDREA DIXON 335 NW DIXON WAY JENSEN BEACH FL 34957	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D FRANCES HALL 4680 NE SAVANNAH RD. JENSEN BEACH FL 34957	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ROBERT DELANCY 702 SE BREAKWATER AVE. PORT ST. LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD THALIA M. HODGE 1457 SE PORTILLO RD. PORT ST. LUCIE, FL 34952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.	
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SIGNATURE: <i>Thalia M. Hodge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 2-20-07 <small>Daytime Phone #</small>
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