2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724497

FILED Apr 23, 2007 Secretary of State

Entity Name: THE CARPENTER'S HOME CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 581 BERKLEY RD. AUBURNDALE, FL 33823 US **Current Mailing Address: New Mailing Address:** P.O. BOX 95010 P.O. BOX 218 LAKELAND, FL 33804 US AUBURNDALE, FL 33823 US FEI Number: 59-1140771 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: GILLMAN, GREGORY L 581 BERKLEY RD. AUBURNDALE, FL 33823 US 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: () Change () Addition () Delete STRADER, KARL D Name: Name: 581 BERKLEY RD. Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GILLMAN, GREGORY L Name: Address: 1558 SIR HENRY'S TRAIL Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: () Delete Title: () Change () Addition GILLMAN, GREGORY L Name: Name: 1558 SIR HENRY'S TRAIL Address: Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: TR () Delete Title: () Change () Addition Name: TAYLOR, SAMMY Name: P.O. BOX 93011 Address: Address: City-St-Zip: LAKELAND, FL 33804 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, MALLORY Name: Name: 707 CARPENTERS WAY Address: Address: City-St-Zip: LAKELAND, FL 33809 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MORGAN, BARBARA RUSSELL. TIMOTHY Name: Name: Address: 1331 COSTINE DRIVE Address: 4948 JULIANA RESERVE DRIVE LAKELAND, FL 33809 City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY L. GILLMAN T 04/23/2007