

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724809

FILED
Feb 28, 2007
Secretary of State

Entity Name: WALTER A. ROUTH JR. MISSIONARY ASSN., INC.

Current Principal Place of Business:

1001 HEATHROW PARK LANE, SUITE 4001
POST OFFICE BOX 1551
SANFORD, FL 327728551

New Principal Place of Business:

1001 HEATHROW PARK LANE
SUITE 4001
LAKE MARY, FL 32746

Current Mailing Address:

1001 HEATHROW PARK LANE, SUITE 4001
POST OFFICE BOX 1551
SANFORD, FL 327721551 US

New Mailing Address:

1001 HEATHROW PARK LANE
SUITE 4001
LAKE MARY, FL 32746 US

FEI Number: 23-7281935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTOSH, KENNETH W
1001 HEATHROW PARK LANE
SUITE 4001
LAKE MARY, FL 32746 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: D () Delete
Name: MCINTOSH, KENNETH W
Address: 951 POWHATAN DRIVE
City-St-Zip: SANFORD, FL

Title: PD () Delete
Name: MCINTOSH, ROBERT K
Address: 17 STONE GATE SOUTH
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: EDGEMON, L. J DR.
Address: 103 LOCH ARBOR COURT
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SMITH, T. III
Address: 1528 MOCKINGBIRD LANE
City-St-Zip: LONGWOOD, FL

Title: D () Delete
Name: BUTCHER, LOIS M
Address: 1606 S. MAGNOLIA AVENUE
City-St-Zip: SANFORD, FL

Title: VD () Delete
Name: ROUTH, WALTER A., JR., .
Address: C/O 1001 HEATHROW PARK LANE, STE. 4001
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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 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: ROBERT K. MCINTOSH

PD

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date