

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726729

FILED
Mar 06, 2006
Secretary of State

Entity Name: CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

11829 FOXGLOVE DRIVE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

ATTN: MACON STROUPE
PO BOX 849
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 59-1481495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRANN, BRUCE M.
9525 SR 535
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

ITHAMAR HENRY
14038 OCEAN PINE CIRCLE
AVALON LAKES
ORLANDO, FL 32828 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: ITHAMAR HENRY

03/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STROUPE MACON,
Address: 1604 ROBINSON DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: BECTON, DIANA
Address: 14668 QUAIL TRAIL CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: SD () Delete
Name: NELSON, LAVERNE
Address: 3985 ORKNEY AVE
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: LOGAN, KATHERINE
Address: 323 FOREST CREST CR
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: STROUPE, NILA G.,
Address: 1604 ROBINSON DRIVE
City-St-Zip: HAINES CITY, FL 33844

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
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: MACON STROUPE

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date