## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90173 050 \*\*\*\*61.25

DOCUMENT # 729015  1. Entity Name FIRST PENTECOSTAL CHURCH OF WEWAHITCHKA, INC								07 90173 (	)50 ****	61.25	
Principal Place of Business 619 SOUTH HIGHWAY 71 WEWAHITCHKA, FL 32465 US Hailing Address 619 SOUTH HIGHWAY 71 P.O. BOX 967 WEWAHITCHKA, FL 32465				US		( 178(%) (84)		RIII OLOKI OLOK	ii erkii kieli er		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04102007	Chg-NP	CR2E03	7 (12/06)		
City & State		City & State			4. FEI Number 59-2302				<del></del>	oplied For	
Zip	Country	Zip	Country			5. Certificate	of Status Desired	ı 🗆	\$8.75 Add	ditional	
	6. Name and Address of Currer	nt Registered Agent			-	7. Name and	Address of Nev	Registered A	gent		
CHUMNE	Y, THOMAS M			Name	V JO	JOSEPH ETHRIDGE					
282 KATE	GLASS RD CHKA, FL 32465			Street A	\ddress (	P.O. Box Numbe	r is Not Accepta	ble)			
					619	South Hw	y 71				
				City	Wew	wahitchka FL Zip Code 32465					
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
	Signature, typed or printed name of registered age	int and little if applicable. (NC	OTE: Registers	d Agent signa	ture required	when reinstating)		DATE			
	Signature, typed or provided name of Agustered age Filling Fee Is \$61.25 Due by May 1, 2007	9. Election C Trust Func	ampaign f	inancing	ture required	\$5.00 May B Added to Fees		DATE Make check lorida Depart			
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:	Luce & Chamer	4-22.07	PSO-639-56	23
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	1
		<del></del>	<del></del>	