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

FILED Feb 05, 2007 08:00 AM **DOCUMENT # 732938** 1. Entity Namo **Secretary of State** FATHER CARRINGTON M. COLLIE REVIVALS TRINITY'S TROOPS OF RENEWED CHRISTIAN Principal Place of Business 4569 BATÉS ROAD GREENWOOD FL 32443 4569 BATES ROAD GREENWOOD FL 32443 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For 51-0158022 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUNTER, KEITH Street Address (P.O. Box Number is Not Acceptable) 4569 BATES ROAD **GREENWOOD FL 32443** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title # applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Addition TITLE ☐ Defete TITLE Change NAME HUNTER, KEITH NAME U000000621850 STREET ADDRESS STREET ADDRESS 4569 BATES ROAD 02/13/07-80002-013 61.25 CITY-ST-ZIP CITY-ST-ZIP GREENWOOD FL ☐ Delete Change ☐ Addition TITLE TD HUE NAME NAME COLLIE, DOROTHY L.(REV.) STREET ADDRESS STREET ADDRESS 4569 BATES ROAD CtTY-ST-7IP GREENWOOD FL CITY-SI-ZIP HILE ☐ Delete TITLE Change Addition D NAME NAME HALL, HELEN STREET ADDRESS 4569 BATES ROAD STREET ADDRESS CITY-ST-71P CITY-ST-ZIP GREENWOOD FL TITLE ☐ Delete IIIL □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; that I am an officer or director of the corporation or the receiver or trustoe 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

CHY-ST-7IP

☐ Change

Change

Addition

☐ Addition

☐ Delete

Delete

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST-ZIP

SIGNATURE: Dorsthy L. Callie Dorothy L. Collie, Dir. 1/30/07 8505692995