

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90090 003 ****61.25

40002821



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHMIDT, MARGARET ANN (REV)
 439 NORTH BOSTON AVE
 DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61:25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONRAD, EDNA 2300 EAST GRAVES AVE #138 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHMIDT, MARGARET ANN P.O. BOX 111 CASSADAGA, FL 32706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOVE, NANCY 241 DUNBARTON DR SAINT SIMONS ISLAND, GA 31632 <i>P.O. Box 131 George Town, FL 32139</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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: *Rev. Margaret Ann Schmidt*
 PASTOR
 PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: *1-12-2007*
 Daytime Phone #: *386-228-2222*

