

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 761978

**FILED**  
**Jan 09, 2007**  
**Secretary of State**

**Entity Name:** MISSIONARY CHURCH FLORIDA DISTRICT INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

<UNUSED>  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

**New Mailing Address:**

304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 31-1018785      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STROTHER, MAX  
304 MONTICELLO DRIVE  
ALTAMONTE SPRINGS, FL 32701      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DC      ( ) Delete  
Name: STROTHER, MAX W D  
Address: 304 MONTICELLO DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: D      ( ) Delete  
Name: LINHART, BRUCE D  
Address: 1723 HOMESTEAD  
City-St-Zip: SEBRING, FL 33870

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

Title: S      ( ) Delete  
Name: CATE, GLENN  
Address: 405 MERYDITH WAY SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

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

Title: T      ( ) Delete  
Name: HUNT, JONATHAN T  
Address: 559 TERRANOVA CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33884

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: MAX STROTHER

DC

01/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date