

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 762778

1. Entity Name
EVANGELISTIC TAE KWON DO EXHIBITION, INC.



Principal Place of Business
**4736 US HWY 98 NORTH
LAKE LAND, FL 33809**

Mailing Address
**PO BOX 1474
LAKE LAND, FL 33802**



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2236880

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

**SELL, BRENDA J
801 PRINCETON ST
LAKE LAND, FL 33809**

**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

000000694304
04/17/07-80011-014 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SELL, EDWARD B. 801 PRINCETON ST LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SELL, BRENDA J 801 PRINCETON ST. LAKE LAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDT, WAYNE 1718 SHERWOOD LAKES BLVD. LAKE LAND, FL 33809
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:

Brenda J Sell **Brenda J Sell**

1-10-07

Date

Daytime Phone #

**863
8589427**