

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 762778

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



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

Mailing Address
**PO BOX 1474
LAKELAND, FL 33802**



04082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2236880

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SELL, BRENDA J
801 PRINCETON ST
LAKELAND, 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

4/9/08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000996712

04/25/08-80019-001 61.25

10. OFFICERS AND DIRECTORS

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/08 863-858-9427