2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #763542

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90076 016 ****61.25

COIGE	APTIST C	HURCH, INC.												
12953 HWY 197 129				iling Address 1953 HWY 197 Y, FL 32565				40046361						
Principal Place of Business - No P.O. Box # 3. Mar				Mailing Address							<u> </u>			
			Suite, Apt. #, etc.				03232	007 (Chg-NI	P	CR2E	037 (12/06)	
			Cit	City & State				4. FEI Number						
Zip Country			Zip		intry	5. Certificate of Status Desired S8.75 Addi Fee Required								
6. Name and Address of Current Registere								7. Name	e and Ad	idress	of New R	Registered	Agent	
DIAMOND, MICKEY 2517-CAMORS-RD 12760 Chumuckla Hwy JAY, FL 32565						Name Street Address (P.O. Box Number is Not Acceptable)								
,														
						City						FI	L Zip Co	ode
	named entity tions of registe	submits this statement ered agent.	for the purp	ose of changing its	registere	ed office or re	gistere	d agent,	or both, i	in the S	tate of Flo	orida. I an	n familiar wit	h, and accept
SIGNATURE .		or printed name of registered age	nt and title if app	olicable (NOT	E Registered	d Agent signature r	required w	vhen reinstat	ing)			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 Make check payable to Florida Department of State							
	_		i			~ —	1 3	\$5.00 Added to	May Be Fees					
10.	Due by M		DIRECTORS			~ —		Added to	Fees	GES TO	Flor	rida Depa		State
TITLE NAME	Due by M	OFFICERS AND D	DIRECTORS		11. TITLE	E E		Added to	Fees	GES TO	Flor	rida Depa	rtment of	State IN 10
TITLE	Due by M	OFFICERS AND D OFFICERS AND D S, GERALD MMONS RD	DIRECTORS	Trust Fund (11. TITLE NAMI	ion. E		Added to	Fees	GES TO	Flor	rida Depa	IRECTORS	State IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DUE BY MEDICAL DEPTH OF MOWLING	OFFICERS AND D OFFICERS AND D S, GERALD MMONS RD 32565 G, ELTON D DIAMOND ROAD	DIRECTORS	Trust Fund (11. TITLE NAMI STRE CITY TITLE NAMI STRE	E E E E E E T ADDRESS ST-ZIP E		Added to	Fees	GES TO	Flor	rida Depa	DIRECTORS Change	State IN 10 Addition
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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: William M. Brown William M. Brown 3-30-07 (850) 675-6514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytone Phone **