2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #763812

GLEN ST. MARY FRIENDSHIP HOLINESS TABERNACLE



FILED	
May 03, 2007 8:00 am	1
Secretary of State	

05-03-2007 90048 008 ****61.25

CHURCH	I, INC.										
Principal Place of Business LE CHURCH, INC. LE CHURCH, INC. CLINTON AV PO BOX 451 GLEN ST MARY, FL 32040 Mailing Address LE CHURCH, INC. CLINTON AV PO BOX 451 GLEN ST MARY, FL 32040							Main Main	I 1184 SIBN BAND MIN	E	# 11 1 1 1011	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				05012007	Chg-NP	CR2E03	37 (12/06)		
City & State			City & State			4. FEI Numbe 59-2313				plied For t Applicable	
Zip	Country	Zip		Country		5. Certificate	of Status Desire		\$8.75 Add Fee Require		
	6. Name and Address of Current	t Registered	Agent			7. Name and	Address of Nev	w Registered /	Agent		
KIRKI AND), GRANVEL S.			Name							
ONE MAC	CLENNY AVE. INY, FL 32063			Street Ad	ddress (P	P.O. Box Numbe	r is Not Accepta	able)			
				City	· · · · · · · · · · · · · · · · · · ·	 		FL	Zip Code	<u>.</u>	
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	named entity submits this statement for ions of registered agent.	or the purpos	e of changing its re	gistered office or	registere	ed agent, or both	h, in the State of	Florida, Lam	familiar with,	and accept	
0.000.00.0	one of regional agents										
SIGNATURE .											
SIGNATURE.			.b. #In= 0	contared Asset sleests	re taquired v	when reinstating)		DATE			
	Signature, typed or printed name of registered agent	of and title if applic	acie. (NOTE: R	ediereiser vilein eithere						1	
<u> </u>	Filing Fee is \$61.25	and title if applic	9. Election Campa	aign Financing		\$5.00 May Be	B F	Make check			
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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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

5-1-07 9042596521