2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000002475

1. Entity Name
HAGGAI INSTITUTE FOR ADVANCED LEADERSHIP TRAINING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 13 ATLANTA, GA 30370-2801	P.O. BOX 13 ATLANTA, GA 30370-2801

01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0898309
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000589820
01/18/07-80031-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HAGGAI, JOHN EDMUND
STREET ADDRESS	4725 PEACHTREE CORNERS CIRCLE, STE. 100
CITY-ST-ZIP	NORCROSS, GA 300922553
TITLE	VCEO
NAME	HINSON, WILLIAM M
STREET ADDRESS	4725 PEACHTREE CORNERS CIRCLE, STE. 100
CITY-ST-ZIP	NORCROSS, GA 300922553
TITLE	P
NAME	SIMMONS, RANDY A
STREET ADDRESS	4725 PEACHTREE CORNERS CIRCLE, STE. 100
CITY-ST-ZIP	NORCROSS, GA 300922553
TITLE	CFO
NAME	ZACHARIAH, GEORGE
STREET ADDRESS	4725 PEACHTREE CORNERS CIRCLE, STE. 100
CITY-ST-ZIP	NORCROSS, GA 300922553
TITLE	VP
NAME	FOWLER, MARY ANNA
STREET ADDRESS	C/O HOUND EARS CLUB, BOX 188
CITY-ST-ZIP	BLOWING ROCK, NC 286050188
TITLE	VP
NAME	DOUDERA, RALPH J
STREET ADDRESS	P.O. BOX 9178
CITY-ST-ZIP	VIRGINIA BEACH, VA 234509178

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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: Stephen Honeychurch 1-8-2007 770 810-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #