

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90078 001 *1,077.50

DOCUMENT # L03000001415

1. Entity Name
MID FLORIDA DEVELOPMENT, LLC



Principal Place of Business
**2970 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**2970 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118**

30010778



2. Principal Place of Business - No P.O. Box #
444 Seabreeze Blvd.
Suite, Apt. #, etc.
Suite 900

3. Mailing Address
444 Seabreeze Blvd.
Suite, Apt. #, etc.
Suite 900

08062008 Chg-LLC CR2E083 (12/06)

City & State
Daytona Beach, FL
Zip
32118 Country
USA

City & State
Daytona Beach, FL
Zip
32118 Country
USA

4. FEI Number
65-1166728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOVE, WAYNE S
2970 S. ATLANTIC AVE.
DAYTONA BEACH SHORES, FL 32118**

7. Name and Address of New Registered Agent

Name
Charles D. Hood, Jr.
Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Blvd.,
Suite 900
City
Daytona Beach, FL Zip Code
32118

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 **Charles D. Hood, Jr.**
Signature, typed or printed name of registered agent and title if applicable.

08/07/08
DATE

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☒ Delete
NAME
GOVE, WAYNE S
STREET ADDRESS
2970 SOUTH ATLANTIC AVE
CITY-ST-ZIP
DAYTONA BEACH, FL 32118

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Change ☒ Addition
NAME
Charles D. Hood, Jr.
STREET ADDRESS
444 Seabreeze Blvd., Suite 900
CITY-ST-ZIP
Daytona Beach, FL 32118

TITLE
MGR ☐ Change ☒ Addition
NAME
Josif Atanasoski
STREET ADDRESS
1800 U.S. 1 North
CITY-ST-ZIP
Ormond Beach, FL 32174

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles D. Hood, Jr., Manager

08/07/08

386-254-6875


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/27/2008-90034-010-\$61.25-\$61.25

DOCUMENT # N04000002642 1. Entity Name FAITH TEMPLE CHURCH OF GOD IN CHRIST OF THE UNITED STATES, INC.					
Principal Place of Business 1660 S. DELEON TITUSVILLE, FL 32780			Mailing Address P.O. BOX 2894 TITUSVILLE, FL 32781		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0892109	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, WILLIE B 1660 S. DELEON 10215 Park Ave TITUSVILLE, FL 32780 APT 608				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pastor JOHNSON, WILLIE B 10215 Park Ave. TITUSVILLE, FL 32780 APT 608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elder HARRY COBB 1042 Albin Port St John FL 32927 Treasurer Wanda COBB 1042 Albin Port St John FL 32927 Secretary Elsie JOHNSON 10215 Park Ave Titusville FL 32780		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: WILLIE JOHNSON B <i>Willie Johnson</i> 5/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					