

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002122**

1. Entity Name  
**BECKY COMBEE MINISTRIES, INC.**



Principal Place of Business  
**3020 HARDIN COMBEE ROAD  
LAKELAND, FL 33801**

Mailing Address  
**P.O. BOX 3283  
LAKELAND, FL 33802-3283**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3647341**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COMBEE, REBECCA H  
3020 HARDIN COMBEE ROAD  
LAKELAND, FL 33801**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
COMBEE, REBECCA H  
P.O. BOX 3283  
LAKELAND, FL 338023283**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
COMBEE, C. WAYNE  
P.O. BOX 3283  
LAKELAND, FL 328023283**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HARRIS, EVANGELYN F  
1140 E. GEORGE STREET  
BARTOW, FL 338307415**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
PETERSON, JOHN M  
1825 MEADOWBROOK AVE  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LAGANA, JACQUELINE  
1635 LAGOON PLACE  
LAKELAND, FL 33803**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000539623  
01/25/07-80035-005 61.25

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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:** *Rebecca H. Combee President Rebecca H. Combee* *1-15-07 863-665-8813*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #