

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

2007 MAY -2 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N0000000 2787*

1. Entity Name

The A.D 33 Church of God Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1108 Richview Rd

Suite, Apt. #, etc.

3. Mailing Address

1108 Richview Rd

Suite, Apt. #, etc.

CR2E037B (8/05)

City & State

Tallahassee FL

Zip *32301*

Country *LEON*

City & State

Tallahassee FL

Zip *32301*

Country *LEON*

4. FEI Number

59-3642957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *FRANCE BURNS Esther*

Street Address (P.O. Box Number is Not Acceptable)

1108 Richview Rd

City *Tallahassee*

FL

Zip Code

32301

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

Esther France Burns

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000102626810

05/16/07--01002--028 **122.50

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD France Burns Esther 1108 Richview Rd Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DU Burns Slaton Johnnie M 1108 Richview Rd Tallahassee, FL 32301</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DST Slaton Gregory Slaton 1108 Richview Rd Tallahassee, FL 32301</i>
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Esther France Burns*

5/29/07