## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 13, 2006 8:00 am DOCUMENT # N00000002947 **Secretary of State** 1. Entity Name 03-13-2006 90081 041 \*\*\*\*61.25 THE CHURCH OF GOD HIGHER CALLING MINISTRY, INC. Principal Place of Business Mailing Address 5508 ALHAMBRA DR. ORLANDO FL 32808 5508 ALHAMBRA DR. ORLANDO FL 32808 2. Principal Place of Business 5508 Alhambra 5508 Alhambra Dr Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3634289 Not Applicable Orlambo rlan do \$8.75 Additional 5. Certificate of Status Desired Orange Orange Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, LESLIE PASTOR Street Address (P.O. Box Number is Not Acceptable) 5508 ALHAMBRA DR. ORLANDO FL 32808 Zip Code FL 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 Signuture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaining) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Delete THILE ■ Addition GARDNER, LESLIE NAME NAME 5508 ALHAMBRA DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP City-St-ZiP ☐ Delete 11115 ☐ Change ☐ Addition TITLE GARDNER, GLORIA NAME NAME STREET ADDRESS 5508 ALHAMBRA DR. STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DEHANEY, AVRIL NAME NAME STREET ADDRESS 5508 ALHAMBRA DR. STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition DULFENIA, LAWERENCE NAME NAME 7025 WILLIOW WOOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32818 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 🚣

elle Gardner

2. 20.06

FILED

(321)443587