

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003237

1. Entity Name

WILLIE A. BATTLES MINISTRIES, INC.



Principal Place of Business

2351 N.E. 200TH AVENUE
WILLISTON, FL 32696

Mailing Address

2351 N.E. 200TH AVENUE
WILLISTON, FL 32696



02252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3647826

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATTLES, WILLIE A
2351 N.E. 200TH AVENUE
WILLISTON, FL 32696

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATTLES, WILLIE A
STREET ADDRESS 2351 N.E. 200TH AVENUE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE VD
NAME BATTLES, SHARON
STREET ADDRESS 3990 NE 155TH AVENUE
CITY-ST-ZIP WILLISTON, FL 32696

TITLE SD
NAME LEGALL, RHONDA
STREET ADDRESS 20090 N.E. 30TH STREET
CITY-ST-ZIP WILLISTON, FL 32696

TITLE TD
NAME BATTLES, SHARON D
STREET ADDRESS 20090 N.E. 30TH STREET
CITY-ST-ZIP WILLISTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08
Date

Daytime Phone #