## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N00000005971**

1. Entity Name



FILED
Apr 09, 2007 8:00 am
Secretary of State
<b>e/</b>

04-09-2007 90041 040 \*\*\*\*70.00

CHURCH	INC.	ARY BAPIISI							
Principal Place of Business Mailing Address 7211 COUNTY RD. 208 7211 COUNTY RD 208 ST AUGUSTINE, FL 32092 ST AUGUSTINE, FL 32092			92			3285 <b>Mari</b> na			enal et isal
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072007 <sub>Ch</sub>	g-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-357734	1		-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		<b>\$8.75</b> Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ess of New Re	gistered A	gent	
WILLIAMS	S, ALEXANDER J		Name						
1526 22ND	D AVE. S.W. ACH, FL. 32962		Street	Address (I	P.O. Box Number is N	lot Acceptable)			
			City				FL	Zip Cod	le
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office	or register	ed agent, or both, in t	the State of Flori		amiliar with,	and accept
uno obnigati	io is of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signs	ature required	t when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent.  Filling Fee Is \$61.25  Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	eture required	\$5.00 May Be Added to Fees		ike check	payable t	
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be	Floric	ike check da Depart	ment of S	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIF P PENNILL, ALLAN C SR 2 WHITTINGHAM LANE PALM COAST, FL 32164	9. Election Camp Trust Fund Co	paign Financing partibution.  11.  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP		\$5.00 May Be Added to Fees	Floric	ike check da Depart	ment of S	tate
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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 it 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:

Hounty Willow Tenner of Signing Officer or Director

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