

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT #N00000006101

1. Entity Name
CPM CHURCH, INC.



Principal Place of Business
5207 MASON DIXON AVE
BOWLING GREEN, FL 33834

Mailing Address
5207 MASON DIXON AVE
BOWLING GREEN, FL 33834



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3672825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, MARK
5207 MASON DIXON AVE
BOWLING GREEN, FL 33834

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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	D HERRON, DOUG 516 S 11TH AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOHNNY 3824 PARKER RD BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BARRY 2545 MATTE RD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, EARNEST 214 W PALMETTO AVE WAUCHULA, FL 33873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MARK 5207 MASON DIXON AVE BOWLING GREEN, FL 33834
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000595121
01/23/07-80027-015 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #