


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

FILED
May 11, 2006 8:00 am
Secretary of State

04-03-2006 90403 030 ****61.25

DOCUMENT # N00000007437	
1. Entity Name HALL'S MEMORIAL CHURCH OF GOD IN CHRIST, INC.	

Principal Place of Business 1810 AVENUE C FT PIERCE FL 34954	Mailing Address P.O. BOX 1236 FORT PIERCE FL 34954
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FOSTER, JIMMIE E 920 SW 23RD PLACE VERO BEACH FL 32962
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4. FEI Number 65-1147462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 reissuing) **DATE** _____

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME FOSTER, JIMMIE E <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 920 SW 23RD PLACE	CITY-ST-ZIP VERO BEACH FL 32962 <i>Jimmie Foster</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE ST	NAME INGRAM, LAVETTE A <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2309 ST LUCIE BLVD	CITY-ST-ZIP FT PIERCE FL 33450 <i>Lavette A Ingram</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE VPT	NAME FOSTER, JACQUELINE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 920 S.W. 23 PLACE	CITY-ST-ZIP VERO BEACH FL <i>Jacqueline Foster</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME SANDERS, WILLIE JR. <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2504 AVENUE O	CITY-ST-ZIP FORT PIERCE FL 34947 <i>Willie Sanders Jr.</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME FOWLER, RUTH <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 121 N. 19TH STREET	CITY-ST-ZIP FT. PIERCE FL 34950 <i>Ruth Fowler</i>	STREET ADDRESS	CITY-ST-ZIP
TITLE PF	NAME FOSTER, JIMMIE <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 920 SW 23RD PL.	CITY-ST-ZIP VERO BEACH FL 32962 <i>Jimmie Foster</i>	STREET ADDRESS	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: *Jimmie Foster* **4-13-06 6332-1603**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #