

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2008 8:00 am
Secretary of State

02-04-2008 90033 008 ****61.25

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1st MOORE CR2E037 (10/07)

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		
2. Principal Place of Business - No P.O. Box *			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1147462	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JIMMIE E 920 SW 23RD PLACE VERO BEACH FL 32962			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 <u>Jimmie E. Foster</u> DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FOSTER, JIMMIE E		NAME		
STREET ADDRESS	920 SW 23RD PLACE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH FL 32962		CITY- ST- ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	INGRAM, LAVETTE A		NAME		
STREET ADDRESS	2309 ST LUCIE BLVD		STREET ADDRESS		
CITY- ST- ZIP	FT PIERCE FL 33450		CITY- ST- ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FOSTER, JACQUELINE		NAME		
STREET ADDRESS	920 S.W. 23 PLACE		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH FL		CITY- ST- ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SANDERS, WILLIE JR.		NAME		
STREET ADDRESS	2504 AVENUE O		STREET ADDRESS		
CITY- ST- ZIP	FORT PIERCE FL 34947		CITY- ST- ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	FOWLER, RUTH		NAME		
STREET ADDRESS	121 N. 19TH STREET		STREET ADDRESS		
CITY- ST- ZIP	FT. PIERCE FL 34950		CITY- ST- ZIP		
TITLE	PF	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FOSTER, JIMMIE		NAME		
STREET ADDRESS	920 SW 23RD PL.		STREET ADDRESS		
CITY- ST- ZIP	VERO BEACH FL 32962		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 empowerment.					
SIGNATURE: <u>Jimmie E. Foster</u> 3-3-08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					