

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000668

FILED
Apr 28, 2005
Secretary of State

Entity Name: CHURCH OF THE MAY OAK - ATC, INC.

Current Principal Place of Business:

705 SIMMONS ST
TALLAHASSEE, FL 323035348

New Principal Place of Business:

Current Mailing Address:

705 SIMMONS ST
TALLAHASSEE, FL 323035348

New Mailing Address:

FEI Number: 59-3726166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, JAMES ROBERT
705 SIMMONS ST
TALLAHASSEE, FL 323035348 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROBERSON, JAMES R
Address: 705 SIMMONS ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FAUSEL, KAY L
Address: 1825 DEVRA DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: COLEMAN, JOHN R
Address: 2027 MATTISON DR. NE
City-St-Zip: PALM BAY, FL 32905

Title: T () Delete
Name: FAUSEL, EDWARD F
Address: 1825 DEVRA DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD F. FAUSEL

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04/28/2005

Electronic Signature of Signing Officer or Director

Date