# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N01000000668

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

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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705 SIMMONS ST 1825 DEVRA DRIVE

TALLAHASSEE, FL 323035348 TALLAHASSEE, FL 32303

## Current Mailing Address: New Mailing Address:

705 SIMMONS ST POST OFFICE BOX 3034 TALLAHASSEE, FL 323035348 TALLAHASSEE, FL 323153034

FEI Number: 59-3726166 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROBERSON, JAMES ROBERT
705 SIMMONS ST
TALLAHASSEE, FL 323035348 US
FAUSEL, KAY L
1825 DEVRA DRIVE
TALLAHASSEE, FL 32303 US

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: KAY L. FAUSEL 04/26/2006

Electronic Signature of Registered Agent Date

#### **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD ( ) Delete Title: D (X) Change ( ) Addition Name: ROBERSON, JAMES R Name: KING, TONI K

 Address:
 705 SIMMONS ST.
 Address:
 2065 DELLWOOD DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: D ( ) Delete Title: CD (X) Change ( ) Addition Name: FAUSEL, KAY L Name: FAUSEL, KAY L

Address: 1825 DEVRA DR Address: 1825 DEVRA DR

City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 COLEMAN, JOHN R
 Name:

 Address:
 2027 MATTISON DR. NE
 Address:

 City-St-Zip:
 PALM BAY, FL 32905
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FAUSEL, EDWARD F
 Name:

 Address:
 1825 DEVRA DR
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 T 04/26/2006