

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90024 025 ****61.25

DOCUMENT # N01000001479

1. Entity Name

CHURCH OF THE LORD JESUS CHRIST OF BROOKER,
INC.



Principal Place of Business

23011 NORTH SR 235
BROOKER FL 32622

Mailing Address

23011 NORTH SR 235
BROOKER FL 32622



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

23011 North SR 235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooker, Fla.

City & State

Brooker, Fla.

Zip

32622

Country

~~Florida~~

Zip

32622

Country

4. FEI Number

59-3711641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)

6. Name and Address of Current Registered Agent

HILL, EDDIE
23011 NORTH SR 235
BROOKER FL 32622

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

Eddie Hill

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/07

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

TITLE M ☐ Delete
NAME HILL, EDDIE
STREET ADDRESS 23011 NORTH SR 235
CITY-ST-ZIP BROOKER FL 32622

TITLE AS ☐ Delete
NAME HILL, MARIE
STREET ADDRESS 23011 NORTH SR 235
CITY-ST-ZIP BROOKER FL 32622

TITLE S ☐ Delete
NAME BRIGGS, ANNIE K
STREET ADDRESS 7215 W STATE RD 235
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Eddie Hill

8/24/07