

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

DOCUMENT # N01000003335

1. Entity Name

COACH, FAITH BASED MINISTRIES, INC.



FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

11004 ULSTER CT.
TAMPA FL 33610

Mailing Address

11004 ULSTER CT.
TAMPA FL 33610



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3722246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DIXON, WILLIE G
11004 ULSTER CT.
TAMPA FL 33610

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 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: DP ☐ Delete
NAME: DIXON, WILLIE G JR
STREET ADDRESS: 11004 ULSTER CT.
CITY-ST-ZIP: TAMPA FL 33610

TITLE: DV ☐ Delete
NAME: DIXON, MARYSE C
STREET ADDRESS: 11004 ULSTER CT.
CITY-ST-ZIP: TAMPA FL 33610

TITLE: DS ☐ Delete
NAME: DIXON, DEMITRIUS G
STREET ADDRESS: 4103 E. DIANA ST.
CITY-ST-ZIP: TAMPA FL 33610

TITLE: DT ☐ Delete
NAME: COFFEE, CHARLES D
STREET ADDRESS: 608 S. FRANKLIN ST.
CITY-ST-ZIP: PLANT CITY FL 33566

TITLE: D ☐ Delete
NAME: CARLEY, HENRY
STREET ADDRESS: 7821 N. 53RD ST.
CITY-ST-ZIP: TAMPA FL 33617

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: 000000679889
04/03/07-80055-024 61.25

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

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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: Willie G. Dixon, Jr. WILLIE G. DIXON, JR MARCH 19, 2007 (813) 685-2648