2607 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State 05-01-2007 90033 018 ****61.25

DOCUMENT # N01000005322

1. Entity Name

DETTILL	HEM CHURCH OF GOD IN	CHRIST, INC.) 				
Principal Place of Business 3060 MCCALL BRIDGE ROAD QUINCY, FL 32351		Mailing Address P 0 BOX 472 QUNICY, FL 32353		40095659				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292007 Ch	g-NP CR2E037 (*	12/06)		
City & State		City & State		4. FEI Number Applied For 59-3576600 Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired 🗀 \$8.	.75 Additional Required	aoic	
, <u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Ager	<u> </u>		
FLANAGAN, JOSEPH JR			Name	Name				
119 REED QUINCY, F	STREET		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	,		City		FL	Zip Code		
	named entity submits this statement for	r the purpose of changing its	registered office or regist	tered agent, or both, in t	he State of Florida. I am fami	liar with, and acce	ept	
ine obligat	ions of registered agent.	1						
SIGNATURE	Joseph Hom	com (N:						
SIGNATURE	Signature, types or printed name of registered agent	and little if applicable (NOTE	: Registered Agent signature requi	red when reinstating)	DATE			
Filing 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 pa Florida Departme			
	Due by May 1,:2007	Trust Fund C	Contribution.	Added to Fees	Florida Departme	nt of State		
10.		Trust Fund C		Added to Fees	Florida Departme	nt of State	dition	
10.	OFFICERS AND DIFT T ROBINSON, EMANUEL	Trust Fund C	contribution.	Added to Fees	Florida Departme	TORS IN 10	dition	
TITLE STATE NAME STREET ADDRESS	OFFICERS AND DIF T ROBINSON, EMANUEL 614 FIFTH STREET	Trust Fund C	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departme	TORS IN 10	dition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIFT T ROBINSON, EMANUEL 614 FIFTH STREET QUINCY, FL	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departme	TORS IN 10 Change		
10. TITLE 161. NAME STREET ADDRESS CITY-ST-ZIP TITLE	T ROBINSON, EMANUEL 614 FIFTH STREET QUINCY, FL T	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Departme	TORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIFT T ROBINSON, EMANUEL 614 FIFTH STREET QUINCY, FL	Trust Fund C	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departme	TORS IN 10 Change		
10. TITLE STATE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	T ROBINSON, EMANUEL 614 FIFTH STREET QUINCY, FL T FLANAGAN, JOSEPH JR	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departme	TORS IN 10 Change		
TITLE FORT NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T ROBINSON, EMANUEL 614 FIFTH STREET QUINCY, FL T FLANAGAN, JOSEPH JR 119 REED ST QUINCY, FL 32351 S	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departme	TORS IN 10 Change	dition	
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I nereby ceruity 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.