


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



FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90095 003 ****61.25

DOCUMENT # N01000005719	
1. Entity Name	
THE BLOOD BOUGHT CHURCH OF GOD, INC.	

Principal Place of Business	Mailing Address
2431 FIRST STREET FT. MYERS FL 33901	2431 FIRST STREET FT. MYERS FL 33901

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

 Frank J. Hinds 807 Dellena Ln. Ft Myers, FL 33905	 Frank J. Hinds 807 Dellena Ln. Ft Myers, FL 33905
---	--

Zip	Country	Zip	Country
-----	---------	-----	---------

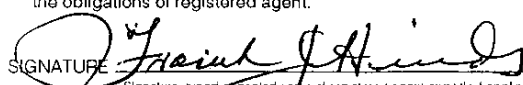


1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
30-0054399	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent										
HILL, ROBERT C JR, ESQ 2431 FIRST STREET FT. MYERS FL 33901	<table border="1"> <tr> <td>Name</td> <td>Frank J. Hinds</td> </tr> <tr> <td>Street A</td> <td>807 Dellena Ln.</td> </tr> <tr> <td>City</td> <td>Ft Myers, FL 33905</td> </tr> <tr> <td>State</td> <td>FL</td> </tr> <tr> <td>Zip Code</td> <td></td> </tr> </table>	Name	Frank J. Hinds	Street A	807 Dellena Ln.	City	Ft Myers, FL 33905	State	FL	Zip Code	
Name	Frank J. Hinds										
Street A	807 Dellena Ln.										
City	Ft Myers, FL 33905										
State	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 	DATE 2-1-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	DST HINDS, JANIA J 807 DELLENA LANE FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DIXON, CHARLENE 6263 DEMERY CIRCLE FORT MYERS FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DAVIS, JERRY 835 SEAURCHCIN CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PD HINDS, FRANK J 807 DELLENA LANE FORT MYERS FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 2-1-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	