


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

06-14-2005 90001 024 \*\*\*\*75.00

<b>DOCUMENT # N01000007442</b>		
1. Entity Name <b>HALL'S LOVE &amp; CONCERN MINISTRIES, INC.</b>		

Principal Place of Business <b>1024 SANDERS AVE. GRACEVILLE, FL 32440</b>	Mailing Address <b>PO BOX 13 GRACEVILLE, FL 32440</b>
--	--

2. Principal Place of Business <b>1022 Sanders Ave.</b>	3. Mailing Address <b>P.O. BOX 13</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Graceville, FL</b>	City & State <b>Graceville FL</b>
---------------------------------------	--------------------------------------

Zip <b>32440</b>	Country <b>Jackson</b>	Zip <b>32440</b>	Country <b>Jackson</b>
---------------------	---------------------------	---------------------	---------------------------

6. Name and Address of Current Registered Agent <b>HALL, BOBBIE A MRS. 1024 SANDERS AVE. GRACEVILLE, FL 32440</b>	
--	--



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
--	---

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

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HALL, BOBBIE A 1024 SANDERS AVE. GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>John Hall</b> <b>5504 Henderson Rd.</b> <b>Montgomery, Ala. 36112</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, BOBBIE A 1024 SANDERS AVE. GRACEVILLE, FL 32440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROXTON, LAVONDA 51 BLACKBERRY ST. PAXTON, FL 32538 <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 STRICTLAND, GREG 29 BLACKBERRY ST. PAXTON, FL 32538 <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	PA WATERS, GEORGE MR. 3045 S. AUSTIN ST. GRACEVILLE, FL 32440 <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 FRANKLIN, ANNUEL MRS. 5498 N. BROWN ST. GRACEVILLE, FL 32440 <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 exemption stated in Section 119.07(3)(i), 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:**

*Pastor Bobbie Hall*

*5-24-2005*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #