

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

FILED
Aug 14, 2007 8:00 am
Secretary of State

07-09-2007 90042 028 ****61.25

DOCUMENT # N01000007442 1. Entity Name HALL'S LOVE & CONCERN MINISTRIES, INC.			
Principal Place of Business 1022 SANDERS AVE. GRACEVILLE FL 32440		Mailing Address PO BOX 13 GRACEVILLE FL 32440	
2. Principal Place of Business - No P.O. Box # 13 1022 Sanders Ave. Suite, Apt #, etc. Graceville, Fla. City & State		3. Mailing Address P.O. Box 13 Suite, Apt #, etc. Graceville Fla. City & State	
Zip 32440	Country Tackson	Zip 32440	Country Tackson
4. FEI Number NO-T APPLICABLE		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 HALL, BOBBIE A MRS. 1024 SANDERS AVE. GRACEVILLE FL 32440		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 <u><i>Bobbie Hall</i></u> <u>7-2-2007</u> Signature required for printed name of registered agent and fee. (NOTE: Registered Agent Signature is required if agent is not a corporation.)			
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		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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition D Mr. John Hall 5564 Henderson Rd. Montgomery, AL 36117
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HALL, BOBBIE A 1024 SANDERS AVE. GRACEVILLE FL 32440	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition D Mr. Donald Pittman 5441 Cooper St. Graceville, Fla 32440
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BROXTON, LAVONDA 51 BLACKBERRY ST. PAXTON FL 32538	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STRICTLAND, GREG 29 BLACKBERRY ST. PAXTON FL 32538	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PA WATERS, GEORGE MR. 3045 S. AUSTIN ST. GRACEVILLE FL 32440	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRANKLIN, ANNUEL MRS. 5498 N. BROWN ST. GRACEVILLE FL 32440	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <u><i>Pastor Bobbie Hall</i></u> <u>8-13-2007</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	