

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90239 049 \*\*\*\*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 #

1022 Sanders Ave. 13

3. Mailing Address

P.O. Box 13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Graceville, Fla.

City & State

Graceville, Fla.

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**

1st MOORE

CR2E037 (10/07)



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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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  
NAME  
HALL, BOBBIE A ☐ Delete  
STREET ADDRESS  
1024 SANDERS AVE.  
CITY-ST-ZIP  
GRACEVILLE FL 32440

TITLE  
NAME  
HALL, BOBBIE A ☐ Delete  
STREET ADDRESS  
1024 SANDERS AVE.  
CITY-ST-ZIP  
GRACEVILLE FL 32440

TITLE  
NAME  
D ☐ Delete  
STREET ADDRESS  
BROXTON, LAVONDA  
51 BLACKBERRY ST.  
CITY-ST-ZIP  
PAXTON FL 32538

TITLE  
NAME  
D ☐ Delete  
STREET ADDRESS  
STRICTLAND, GREG  
29 BLACKBERRY ST.  
CITY-ST-ZIP  
PAXTON FL 32538

TITLE  
NAME  
PA ☐ Delete  
STREET ADDRESS  
WATERS, GEORGE MR.  
3045 S. AUSTIN ST.  
CITY-ST-ZIP  
GRACEVILLE FL 32440

TITLE  
NAME  
D ☐ Delete  
STREET ADDRESS  
FRANKLIN, ANNUEL MRS.  
5498 N. BROWN ST.  
CITY-ST-ZIP  
GRACEVILLE FL 32440

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
Mr. John Hall ☐ Change ☒ Addition  
STREET ADDRESS  
5564 Henderson Rd.  
CITY-ST-ZIP  
Montgomery Ala. 36117

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

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

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

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

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

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:

*Bobbie Hall*