

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N02000005430**

1. Entity Name  
SKYWATCHER MUSIC MINISTRIES, INC.



Principal Place of Business  
285 SE PINE DR  
LAKE CITY, FL 32025

Mailing Address  
285 SE PINE DR  
LAKE CITY, FL 32025



04132007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0737250

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRIMBLE, MICHAEL L  
285 SE PINE DR  
LAKE CITY, FL 32025

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCD  
TRIMBLE, MICHAEL L  
285 SE PINE DR  
LAKE CITY, FL 32025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
TRIMBLE, BONNIE J  
285 SE PINE DR  
LAKE CITY, FL 32025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
STAFFORD, KATHY  
561 S.W. SIESTA GLEN  
LAKE CITY, FL 33025

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/17/07-80055-015 70.00

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:** Michael L Trimble Michael L Trimble 4/25/07 386-755-3270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #