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

8/28/2007-90024-037-$61.25-$61.25
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 AM 9:41

DOCUMENT # N02000009470

1. Entity Name

CHURCH ON WHEELS, INC.

Principal Place of Business	Mailing Address
1201 NORTH P ST. PENSACOLA FL 32505	POST OFFICE BOX 11733 PENSACOLA FL 32524

2nd MOORE CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1201 North P St.	P.O. Box 17453
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32505 Country:	Zip: 32522 Country:

4. FEI Number: 65-1170307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ERINKITOLA, MARTHA M 2600 N. "E" STREET PENSACOLA FL 32501	Name: Martha M. ERINKitola Street Address (P.O. Box Number is Not Acceptable): 1513 Martin Luther King Dr. City: Pensacola FL Zip Code: 32503

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: Martha M. Erinkitola 8/23/07
Signature, typed or printed name of registered agent and, if applicable, ... (NOTE: Registered Agent signature required when reinstating) DATE

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	V SUNDAY, RAYMOND REV. 1525 ENFINGER RD. PENSACOLA FL 32591	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERINKITOLA, MARTHA M 1513 MARTIN LUTHER KING DR PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, PAM 10535 GULF BCH HWY PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILSON, BOBBY MR. 10535 GULF BEACH HIGHWAY PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 10/18/07 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPN JAMES, JOYCE 1513 MLK DR PENSACOLA FL 32503	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: Martha M. Erinkitola Martha M. Erinkitola, Director 10/12/07 850 469-0277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #