

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

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009470

1. Entity Name

CHURCH ON WHEELS, INC.



Principal Place of Business

**1201 NORTH P ST.
PENSACOLA FL 32505**

Mailing Address

**POST OFFICE BOX 17453
PENSACOLA FL 32522**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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
1513 MARTIN LUTHER KING DR
PENSACOLA FL 32501**

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 reinstating)

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 **V** ☐ Delete
NAME **SUNDAY, RAYMOND REV.**
STREET ADDRESS **1525 ENFINGER RD.**
CITY-ST-ZIP **PENSACOLA FL 32591**

TITLE **D** ☐ Delete
NAME **ERINKITOLA, MARTHA M**
STREET ADDRESS **1513 MARTIN LUTHER KING DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **S** ☐ Delete
NAME **WILSON, PAM**
STREET ADDRESS **10535 GULF BCH HWY**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **TD** ☐ Delete
NAME **WILSON, BOBBY MR.**
STREET ADDRESS **10535 GULF BEACH HIGHWAY**
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **CPN** ☐ Delete
NAME **JAMES, JOYCE**
STREET ADDRESS **1513 MLK DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**U000000824779
02/20/08-80092-012 61.25**

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

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TITLE ☐ Change ☐ Addition
NAME
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 or without like empowered.

SIGNATURE:

M. M. Erinkitola

2-7-08

850 469-0277