2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N03000002927

Entity Name: CHURCH OF RECONCILIATION INC

Current Principal Place of Business:

5117 N KALIGA DR
SAINT CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5117 N KALIGA DR
SAINT CLOUD, FL 34771

New Mailing Address:

FEI Number: 04-3749998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOON, MARTIN L
5117 N KALIGA DR
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRE ( ) Delete
Name: MOON, RITA
Address: 5117 N KALIGA DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: VP ( ) Delete
Name: DEETZ, ROLAND
Address: 606 GEORGA AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: SEC ( ) Delete
Name: MOON, MARTIN L
Address: 5117 N KALIGA DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: TRE ( ) Delete
Name: MOON, MARTIN L
Address: 5117 N KALIGA DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MOON, RITA
Address: 5117 N KALIGA DR
City-St-Zip: SAINT CLOUD, FL 34771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN L MOON PAST 02/05/2007
Electronic Signature of Signing Officer or Director — Date