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

## Apr 25, 2008 8:00 am Secretary of State DOCUMENT # N03000003364 04-25-2008 90136 033 \*\*\*\*61.25 "CHURCH 24:7", INC. Principal Place of Business Mailing Address 1145 WEBSTER DR PENSACOLA FL 32505 1145 WEBSTER DR PENSACOLA FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER-BARBARA MRS. Street Address (P.O. Box Number is Not Acceptable) 1145 WEBSTER DR PENSACOLA FL 32505 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 Fiorida. 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) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 14217 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change Addition STEWART, NATHANIEL PASTOR NAME 1145 WEBSTER DR STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP DS TITLE Delete ☐ Change ☐ Addition COOPER, BARBARA S,ELDER NAME 1145 WEBSTER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP TITLE TOTALE Delete ☐ Change ☐ Addition STEWART, JAMES JR NAME NAME 1145 WEBSTER DR STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP SUCKETARY TITLE Delete TITLE Change Addition DIANA FRANKlin NAME STREET ADDRESS STREET ADDRESS 806 HAMOVER Dr. CITY- ST- 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADOPESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

4-10-8

**FILED**