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

03-05-2007-90070 004 ****61.25
FILED
SECRETARY OF STATE
N03000005933
DIVISION OF CORPORATIONS

07 APR 18 AM 8:26

DOCUMENT # N03000005933

1. Entity Name

GOD'S FAMILY WORSHIP CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 68<br>YULEE FL 32041-0068 | P.O. BOX 68<br>YULEE FL 32041-0068 |

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box # 474376 S.R. 200
Suite, Apt. #, etc.
City & State: Fernandina Beach, Florida
Zip: 32034 Country: United States of America

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 75-3123184 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COLTRANE, PRESTON
54259 PLANTATION ROAD
CALLAHAN FL 32011

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

**FILE NOW: FEE IS $61.25**
**Due By May 1, 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 | E<br>BROOKER, CONNIE<br>P.O. BOX 1153<br>YULEE FL 32041 | ☐ Delete<br>ELDER - SECRETARY-D | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ED<br>Scott, TERRI<br>76045 Muddy Trail<br>Yulee, FL. 32097<br>ELDER - TREASURER<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | E D<br>BOYETE, SANDRA<br>5324 RESSIE DR.<br>JACKSONVILLE FL 32218 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | E D<br>LEE, TYSON<br>1234 PLUM DR. W<br>FERNANDINA BEACH FL 32034 | ☐ Delete<br>Elder | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | E D<br>TILMAN, PAT<br>1315 HICKORY TERRACE<br>FERNANDINA BEACH FL 32034 | ☐ Delete<br>Elder | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CPD<br>COLTRANE, PRESTON<br>54259 PLANTATION RD<br>CALLAHAN FL 32011 | ☐ Delete<br>Pastor | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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 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: Preston Coltrane PRESTON COLTRANE FEB 25, 2007 (904) 879-1913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #