

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90026 027 ****70.00

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|---|--|---|---|--|---|
| DOCUMENT # N04000002953 1. Entity Name MY JOURNEY TO JESUS CHURCH, INC. | | | | | |
| Principal Place of Business 921 N. DAVIS HWY PENSACOLA, FL 32501 | | | Mailing Address 921 N. DAVIS HWY PENSACOLA, FL 32501 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | Country | |
| <div style="display: flex; justify-content: space-between;"> 08022007 Chg-NP CR2E037 (12/06) </div> | | | | | |
| 4. FEI Number APPLIED FOR 47-0940382 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | <div style="display: flex; justify-content: flex-end;"> FL Zip Code </div> | | |
| 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 <u>William V. Franko</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <u>August 03, 2007</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PDST FRANKO, WILLIAM V 804 NORTH Z STREET PENSACOLA, FL 32505 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALLEN, DAVID 2121 BURWICK AVE JACKSONVILLE, FL 32073 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SULATAO, ANITA T P.O. BOX 4932 PENSACOLA, FL 32507 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>William V. Franko</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>August 03, 2007</u> Daytime Phone # <u>850-382-7322</u> | |