2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

07 APR 30 AM 11: 56 DOCUMENT # N04000004158 FIVE-FOLD MINISTRY FELLOWSHIP, INC. Mailing Address Principal Place of Business 2525 SOUTH MONROE ST 2525 SOUTH MONROE ST **STE 18-B** STF 18-R TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 Principal Place of Business - No P.O. Box # 3. Mailing Address 25 SOUTH MONROE ST. 1525 SOULA MONROESC Suite Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E037 (12/06) Chg-NP 3-B 3 -City & State City & State 4. FEI Numbe Applied For 33-1098596 ALLAHASSEE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32301 LEON USA 3<u>230</u> USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITING, WILLIE D JR 165-B VICTORY GARDEN DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32303 City Zip Code FL 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) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to : \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE TITLE ☐ Change ☐ Addition WHITING, WILLIE D JR NAME NAME 165-B VICTORY GARDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change Addition WHITING, LINDA G NAME NAME 165-B VICTORY GARDEN DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32803 CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition 100102317681 05/14/07--01013--012 **12 NAME METZ, CARRIE H NAME STREET ADDRESS 728 DOVER ST STREET ADDRESS **122.50TALLAHASSEE, FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ■ Addition JOHNSON, ABE NAME 4050 BOTHWELL TER STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 4 · 30 · 0<u>7</u> D SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR