

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

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90020 032 \*\*\*\*61.25

**DOCUMENT # N04000004582**

1. Entity Name

SOUL REFRESHING CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

Mailing Address

900 GEORGE ENGRAM BLVD.  
DAYTONA BCH FL 32114

900 GEORGE ENGRAM BLVD.  
DAYTONA BCH FL 32114

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3156821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EADY, ROSA  
433 WALKER AVE.  
DAYTONA BCH FL 32114

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**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 ☐ Delete  
NAME P  
STREET ADDRESS WILDER, ALLEN  
CITY-STATE-ZIP 711 ESSEX RD.  
DAYTONA BCH FL 32117

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS WILDER, ERNESTINE  
CITY-STATE-ZIP 711 ESSEX RD.  
DAYTONA BCH FL 32117

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Mary A. Woods  
CITY-STATE-ZIP 615 Tucker Street  
Daytona Beach FL 32114

TITLE ☐ Delete  
NAME T  
STREET ADDRESS EADY, ROSA  
CITY-STATE-ZIP 433 WALKER AVE.  
DAYTONA BCH FL 32114

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BROWN, TERRY  
CITY-STATE-ZIP 1206 SUNSET CIR.  
DAYTONA BCH FL 32117

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BROWN, GREGORY W  
CITY-STATE-ZIP 1206 SUNSET CIR  
DAYTONA BEACH FL 32117

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Katonya Robinson  
CITY-STATE-ZIP 615 Tucker Street  
Daytona Beach FL 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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: Rosa Eady Rosa Eady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 386-226-2329

Date

Daytime Phone #