


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007827</b> 1. Entity Name <b>RE-BUILDING THE TOTAL PERSON, INC.</b>	
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Principal Place of Business <b>5743 BENEY RD JACKSONVILLE, FL 32207</b>	Mailing Address <b>5743 BENEY RD JACKSONVILLE, FL 32207</b>
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04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0816269</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>WILLIAMS, FRED L 5743 BENEY RD JACKSONVILLE, FL 32207</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, FRED L 7260 CRESCENT OAKS CT JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, VERONICE L 7260 CRESCENT OAKS CT JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, JERRY 401 MONUMENT RD APT 237 JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIRK, SIS. VERA 1803 HOLLY OAKS LAKE RD E JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COC KIRK, BRO. LEMUEL 1803 HOLLY OAKS LAKE RD E JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS THOMAS, SIS. KATHY A 5645 NESBITT LN JACKSONVILLE, FL 32277

<b>DO NOT WRITE IN THIS SPACE</b>
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05/17/07-80004-026 70.00

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:**  **4/26/07 (904) 739-4778**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #