

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007892

FILED
Apr 30, 2007
Secretary of State

Entity Name: CHURCH OF TODAY, SPIRITUAL ENRICHMENT CENTER, INC.

Current Principal Place of Business:

1237 LEATHERWOOD DR
ALTAMONTE SPRINGS, FL 327141272

New Principal Place of Business:

1195 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS, FL 327141816

Current Mailing Address:

PO BOX 160794
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 41-2148487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, DAVENE
1237 LEATHERWOOD DR
ALTAMONTE SPRINGS, FL 327141272 US

Name and Address of New Registered Agent:

DAVIS, DAVENE C
1195 WOODLAND TERRACE TRAIL
ALTAMONTE SPRINGS, FL 327141816 US

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.

SIGNATURE: DAVENE C DAVIS

04/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, DAVENE
Address: 1237 LEATHERWOOD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 327141272

Title: ST () Delete
Name: PINKSTON, JOAN
Address: PO BOX 3179
City-St-Zip: ST PETERSBURG, FL 337313179

Title: D () Delete
Name: MOTTA, TONI
Address: 2607 S BRINK
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: DAVIS, MILDRED F
Address: 23 W SHELBY DR
City-St-Zip: MEMPHIS, TN 38109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, DAVENE C
Address: 1195 WOODLAND TERRACE TRAIL
City-St-Zip: ALTAMONTE SPRINGS, FL 327141816

Title: ST (X) Change () Addition
Name: PINKSTON, JOAN C
Address: PO BOX 3179
City-St-Zip: ST PETERSBURG, FL 337313179

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVENE C DAVIS

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date