

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90115 042 ****70.00

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1. Entity Name
DAVISES' TOUCH & AGREE MINISTRY, INC.



Principal Place of Business
**729 54TH AVENUE SOUTH
ST PETERSBURG, FL 33705**

Mailing Address
**729 54TH AVENUE SOUTH
ST PETERSBURG, FL 33705 US**

50014433



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
34-2020261

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, HARVEY
729 54TH AVENUE SOUTH
ST PETERSBURG, FL 33705**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	DAVIS, HARVEY	
STREET ADDRESS	729 54TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	DAVIS, PHYLLIS	
STREET ADDRESS	729 54TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ELLERS, BRENDA	
STREET ADDRESS	10801 87TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANCOCK, ALVIN R SR,	
STREET ADDRESS	3413 EAST NORTH BAY STREET	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLIGAN, MARK	
STREET ADDRESS	2921 EAST 21ST AVENUE	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, CHRIS	
STREET ADDRESS	5599 Dr. Martin Luther King Street South	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, BERNARD	
STREET ADDRESS	3727 27th Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Harvey Davis

HARVEY DAVIS

4/18/06

727-866-2228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #