


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90188 024 \*\*\*\*70.00

<b>DOCUMENT # N04000009826</b> 1. Entity Name <b>DAVISES' TOUCH &amp; AGREE MINISTRY, INC.</b>					
Principal Place of Business <b>729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705</b>			Mailing Address <b>729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>34-2020261</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>DAVIS, HARVEY 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, HARVEY 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Culligan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 215 West Grand Central Ave #216 Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DAVIS, PHYLLIS 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernard Butler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3727 27th Avenue South St. Petersburg, FL 33711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLERS, BRENDA 10801 87TH AVENUE NORTH SEMINOLE, FL 33772 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANCOCK, ALVIN R SR, 3413 EAST NORTH BAY STREET TAMPA, FL 33610 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLIGAN, MARK 2921 EAST 21ST AVENUE TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, CHRIS 5599 DR. MARTIN LUTHER KING ST SOUTH SAINT PETERSBURG, FL 33705 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Harvey L Davis</u> <u>Harvey Davis</u> <u>4/12/07</u> <u>(727)866-2228</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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