2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

1. Entity Name DAVISES' TOUCH & AGREE	MINISTRY, INC.
Principal Place of Business 729 54TH AVENUE SOUTH	Mailing Ad
OT DETERORIUMA EL GARAGE	CT DETE

DOCUMENT # N04000009826

Mailing Address
729 54TH AVENUE SOUTH

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

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ST PETERSBURG, FL 33705		ST PETERSBURG, FL 33705 US .			40000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04092007 Ch	ng-NP CR2E	037 (12/06)	
City & State	9	City & State			4. FEI Number 34-202026	:1	1——	oplied For
Zip	Country	Zip	p Country		5. Certificate of St		\$8.75 Add	ot Applicable
							Fee Require	d
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and Add	ress of New Registere	1 Agent	
DAVIS, HA					O. B	No. A		
1	AVENUE SOUTH RSBURG, FL 33705		Street A	Address (P.	.O. Box Number is N	Not Acceptable)		
							17.0	
			City			F	L Zip Cod	e
	named entity submits this statement for the ions of registered agent.	he purpose of changing its re	egistered office o	r registere	d agent, or both, in	the State of Florida. I a	n familiar with,	and accept
SIGNATURE .	·							
	Signature, typed or printed name of registered agent and	1 title if applicable. (NOTE: I	Registered Agent signa	lure required w	when reinstating)	DATE	<u> </u>	
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign I Trust Fund Contribu		aign Financing	9	\$5.00 May Be	Make che	ck payable t	0	
	Due by May 1, 2007	Trust Fund Co	ntribution.		Added to Fees	Florida Dep	artment of S	tate
10.	Due by May 1, 2007 OFFICERS AND DIRE		ntribution.	D AI	Added to Fees DDITIONS/CHANG	ES TO OFFICERS AND		
TITLE	OFFICERS AND DIRE		11.	D AL	Added to Fees DDITIONS/CHANGE CUILIGE	ES TO OFFICERS AND I	DIRECTORS IN	N 10 Addition
TITLE NAME	OFFICERS AND DIRE CD DAVIS, HARVEY	CTORS	11. TITLE NAME	D AI Mari 215	Added to Fees DDITIONS/CHANGE K Culliga West Gra	 ESTOOFFICERS AND and Central	DIRECTORS IN	N 10 Addition
TITLE	OFFICERS AND DIRE	CTORS	11.	D AI Mari 215	Added to Fees DDITIONS/CHANGE CUILIGE	ES TO OFFICERS AND I	DIRECTORS IN	N 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DIRE CD DAVIS, HARVEY 729 54TH AVENUE SOUTH	CTORS	11. TITLE NAME STREET ADDRESS	D AI Mari 215	Added to Fees DDITIONS/CHANGE K Culliga West Gra	 ESTOOFFICERS AND and Central	DIRECTORS IN	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE CD DAVIS, HARVEY 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 VCD DAVIS, PHYLLIS	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D AI Mari 215 Tam	Added to Fees DDITIONS/CHANGE K Culliga West Gra	ESTO OFFICERS AND an and Centra 33606	DIRECTORS IN (X) Change	N 10 Addition # 216
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE CD DAVIS, HARVEY 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 VCD DAVIS, PHYLLIS 729 54TH AVENUE SOUTH	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D AMARI 215 Tamp D Ber	Added to Fees DDITIONS/CHANGE R CUILIGE West Gra pa, FL Phard But	ESTO OFFICERS AND and Central 33606	DIRECTORS IN (X) Change 1 Ave /	N 10 Addition # 216
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRE CD DAVIS, HARVEY 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705 VCD DAVIS, PHYLLIS 729 54TH AVENUE SOUTH ST PETERSBURG, FL 33705	CTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARI 215 Tamp D Ber	Added to Fees DDITIONS/CHANGE R Culliga West Gra pa, FL	ESTO OFFICERS AND and Central 33606	DIRECTORS IN Change Change Change	Addition # 216
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

GRAHAM, CHRIS

5599 DR. MARTIN LUTHER KING ST SOUTH

SAINT PETERSBURG, FL 33705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727)866-222 Daylime Phone #