

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000000667

1. Entity Name
COMMANDED BLESSINGS, INC.



Principal Place of Business
612 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32303

Mailing Address
612 NORTH BRONOUGH STREET
TALLAHASSEE, FL 32303

FILED

07 MAY 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0827264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWELS, CARLIN
173 ELLIS ROAD
TALLAHASSEE, FL 32317

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOWELS, CARLIN 173 ELLIS ROAD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRIS, JAMES 8979 HARRIS PALMER LANE TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HOWARD, BARBARA 612 NORTH BRONOUGH STREET TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TOWELS, ANGEL 2501 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

200103133262
05/24/07--01013--021 **70.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel MAY 18 2007

Date Daytime Phone #