

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

02-27-2007 90008 044 ****61.25

| | | | | | |
|--|---|--|---------|--|--|
| DOCUMENT # N05000001648 1. Entity Name LIFE OF CHRIST HOLINESS CHURCH, INC. | | | | | |
| Principal Place of Business 8741 WAKULLA SPRINGS RD TALLAHASSEE FL 32305 | | | | Mailing Address 8741 WAKULLA SPRINGS RD TALLAHASSEE FL 32305 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| STEELE, BOBBY 8582 WAKULLA SPRINGS RD TALLAHASSEE FL 32305 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>(Signature, typed or printed name of registered agent and date of registration)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div> | | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P STEELE, BOBBY 8582 WAKULLA SPRINGS RD TALLAHASSEE FL 32305 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D KEVER, ROBIN 1601 KELLY ST TALLAHASSEE FL 32310 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D MORGAN, JAMES 323 GUY STRICKLAND RD CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D BARWICK, B. KEMP 156 SAN MARCOS RD CRAWFORDVILLE FL 32327 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | ST ZIMMER, PATRICIA I 8669 T-BIRD RD. TALLAHASSEE FL 32305 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <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 Section 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: <u>Patricia I. Zimmer</u> 4-10-07 850-556-7737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

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ATTACHMENT 66010628

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

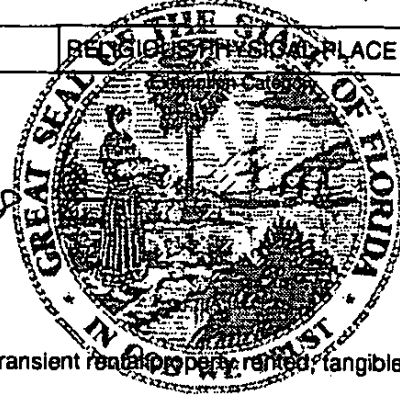
DR-14
R. 01/02

| | | | |
|--------------------|----------------|-----------------|--------------------------|
| 85-8013107504C-0 | 05/26/2004 | 05/31/2009 | RELIGIOUS/PHYSICAL PLACE |
| Certificate Number | Effective Date | Expiration Date | Religious/Physical Place |

This certifies that

LIFE OF CHRIST HOLINESS CHURCH
8741 WAKULLA SPRINGS RD
TALLAHASSEE FL 32305-9185

#N65000061648



Is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

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R. 01/02

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.