2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004781

FILED Apr 13, 2007 Secretary of State

Entity Name: 7TH DAY CHURCH OF GOD APOSTOLIC FAITH INC

Current Principal Place of Business: New Principal Place of Business:

4437 LEONARD BLVD LEHIGH ACRES, FL 33936

Current Mailing Address: New Mailing Address:

1735 BRANTLEY RD 3401 E 5TH STREET

#1606 LEHIGH ACRES, FL 33972 FT. MYERS, FL 33907

FEI Number: 20-3532948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERON, SHARON
1735 BRANTLEY RD
HERON, SHARON
3401 E 5TH STREET

1/35 BRANTLEY RD 3401 E 5TH STREET #1606 LEHIGH ACRES, FL 33972 US FT. MYERS, FL 33907 US

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.

SIGNATURE: SHARON HERON 04/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC () Delete Title: DC (X) Change () Addition Name: PHILIPPE, LUCIEN Name: ASTON, HERON

Address: 4437 LEONARD BLVD Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936

Title: DVC () Delete Title: DVC (X) Change () Addition Name: HERON, ASTON Name: STEVE, RICHARD

Address: 4437 LEONARD BLVD Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT () Delete Title: () Change () Addition

 Name:
 HERON, ASTON,
 Name:

 Address:
 4437 LEONARD BLVD
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:

Title: DA () Delete Title: DA (X) Change () Addition

 Name:
 HERON, SHARON
 Name:
 SHARON, HERON

 Address:
 4437 LEONARD BLVD
 Address:
 4437 LEONARD BLVD

 City-St-Zip:
 LEHIGH ACRES, FL 33936
 City-St-Zip:
 LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HERON DA 04/13/2007