

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004781

FILED
Apr 30, 2008
Secretary of State

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

Current Principal Place of Business:

4437 LEONARD BLVD
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

3401 E 5TH STREET
LEHIGH ACRES, FL 33972

New Mailing Address:

FEI Number: 20-3532948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERON, SHARON
3401 E 5TH STREET
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ASTON, HERON
Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DVC () Delete
Name: STEVE, RICHARD
Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DT () Delete
Name: HERON, ASTON,
Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

Title: DA (X) Delete
Name: SHARON, HERON
Address: 4437 LEONARD BLVD
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: ASTON, HERON
Address: 3401 E 5TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DA (X) Change () Addition
Name: SHARON HERON,
Address: 3401 E 5TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date