


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000005497</b> 1. Entity Name THE DISCIPLES GROUP, INC.	
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Principal Place of Business PO BOX 10686 TALLAHASSEE, FL 32302	Mailing Address PO BOX 10686 TALLAHASSEE, FL 32302
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0897372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, LLOYD PO BOX  
1904 MICCOSUKEE RD UNIT 6  
TALLAHASSEE, FL 32308

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GRAHAM, LLOYD 1904 MICCOSUKEE RD. UNIT. 6 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WATSON, ESTER 910 DODGWOOD DR QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DEAS, JR, TITUS B 225 QUAIL ROST DR QUINCY, FL 32352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000642139  
03/01/07-80030-011 61.25

**DO NOT WRITE  
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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.

**SIGNATURE:** Titus B. Deas, Jr. 2/16/07 850-445-2170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #