

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008147

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: VIEW FAMILY CHURCH, INC.

## Current Principal Place of Business:

5361 CIMMORAN RD  
CRESTVIEW, FL 32539

## New Principal Place of Business:

775 N FERDON BLVD  
SUITE D  
CRESTVIEW, FL 32536

## Current Mailing Address:

5361 CIMMORAN RD  
CRESTVIEW, FL 32539

## New Mailing Address:

775 N FERDON BLVD  
SUITE D  
CRESTVIEW, FL 32536

FEI Number: 13-4304455

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELTON & WILLIAMSON LLC  
1020 FERDON BLVD S  
CRESTVIEW, FL 32536 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: DP ( ) Delete  
Name: MATTHEWS, DWAYNE V  
Address: 5361 CIMMORAN RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: DV ( ) Delete  
Name: WELSH, GARY  
Address: 6144 JOHN NIX RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: DT ( ) Delete  
Name: WELSH, DEBBIE  
Address: 6144 JOHN NIX RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: DS ( ) Delete  
Name: MATTHEWS, MELISSA  
Address: 5361 CIMMORAN RD  
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete  
Name: STRAWER, DAVID  
Address: 6424 FLORIDA AVE  
City-St-Zip: CRESTVIEW, FL 32539

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: STRAWSER, DAVID  
Address: 6424 FLORIDA AVE  
City-St-Zip: CRESTVIEW, FL 32539

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: MELISSA MATTHEWS

DS

01/04/2007

Electronic Signature of Signing Officer or Director

Date