

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

**FILED  
Feb 11, 2007  
Secretary of State**

DOCUMENT# N05000009022

Entity Name: THE A.C.O.J. NEW SEASON MINISTRIES, INC.

**Current Principal Place of Business:**

2708 EAST OSBORNE AVE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 310 427  
TAMPA, FL 33680

**New Mailing Address:**

FEI Number: 20-3352946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WASHINGTON, SAMUEL PASTOR  
11302 CRESTLAKE VILLAGE DRIVE  
RIVERVIEW, FL 33569 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: P ( ) Delete  
Name: WASHINGTON, SAMUEL PASTOR  
Address: 11302 CRESTLAKE VILLAGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: S ( ) Delete  
Name: WASHINGTON, YOLANDA  
Address: 11302 CRESTLAKE VILLAGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: DAYS, COLLEEN  
Address: 1545 OAK STREET  
City-St-Zip: LARGO, FL 33778

Title: D ( ) Delete  
Name: FELTON, JAMES  
Address: 5610 BONITA VISTA WAY, APT. #114  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: ELLIS, SHARRI  
Address: 5803 BITTER ORANGE AVE  
City-St-Zip: TAMPA, FL 33626

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

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: SAMUEL LEE WASHINGTON

P

02/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date