

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90277 011 \*\*\*\*61.25

**DOCUMENT # N05000009773**

1. Entity Name

THE CHURCH OF YOU, INC.



Principal Place of Business

3008 N 50TH STREET  
TAMPA FL 33619

Mailing Address

3008 N 50TH STREET  
TAMPA FL 33619



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1733999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALLANCE, MARK  
3008 N 50TH STREET  
TAMPA FL 33619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BALLANCE, MARK	3008 N 50TH STREET TAMPA FL 33619	<input type="checkbox"/> Delete			
	D	HILL, CATHERINE	3008 N 50TH STREET TAMPA FL 33619	<input type="checkbox"/> Delete			
	D	WHITE, RICK	3008 N 50TH STREET TAMPA FL 33619	<input checked="" type="checkbox"/> Delete			
	D	CARBERRY, BRIAN	2119 N 16TH ST, B TAMPA, FL 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. **MARK BALLANCE**

SIGNATURE:

*Mark Ballance*

4/27/06

813-246-5556