

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 044 ****61.25

DOCUMENT # N06000001538

1. Entity Name
CONVERGENCE CHURCH INCORPORATED



Principal Place of Business
**2704 PADDOCK CIRCLE
CRESTVIEW, FL 32536 US**

Mailing Address
**2704 PADDOCK CIRCLE
CRESTVIEW, FL 32536 US**

40009381



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

498 N. Wilson St.

Box #2097

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Crestview,

Crestview, FL.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
16-1746260

Applied For
Not Applicable

Zip
32536

Country
USA

Zip
32536

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALE, LEELEN M
2704 PADDOCK CIRCLE
CRESTVIEW, FL 32536**

Name **Redmon, Brian S.**

Street Address (P.O. Box Number is Not Acceptable)
1686 Perry Smith Rd.

City **Baker**

FL Zip Code **32531**

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

Brian S. Redmon Director

1/15/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALE, DEREK W 2704 PADDOCK CIRCLE CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALE, LEELEN M 2704 PADDOCK CIRCLE CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, CATHERINE F 5900 OLD BETHEL ROAD CRESTVIEW, FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REDMON, BRIAN S 1686 PERRY SMITH ROAD BAKER, FL 32531	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, AUSTIN 118 E WALKER CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULVER, BRIAN 121 STEEPLECHASE CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary Randall, Angela 17 Vierville Circle Eglin AFB, FL 32542	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director CARLSON, John Dale 492 N. Wilson St. Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hale, Derek W. P.O. Box 13974 Tampa, FL 33681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hale, LeEllen M. P.O. Box 13974 Tampa, FL 33681	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Catherine J. Masd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-08 (850) 682-2520

Date

Daytime Phone #