

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90406 002 ****70.00

DOCUMENT # N06000002234					
1. Entity Name SHACKLE BREAKERS CHRISTIAN CENTER INTERNATIONAL, INC.					
Principal Place of Business 7414 RADIANT CIRCLE ORLANDO, FL 32810			Mailing Address 7414 RADIANT CIRCLE ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3945 4th St. SE Apt 104			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #104			
City & State		City & State Washington, DC			
Zip	Country	Zip 20032	Country	4. FEI Number 11-3772130	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HALL, DARYL L 7414 RADIANT CIRCLE ORLANDO, FL 32810			7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE <i>Daryl L. Hall, CEO, PRESIDENT</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 35%;"> DATE 4-24-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CEO / President HALL, DARYL PASTOR 7414 RADIANT CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, KELLY C-PASTO 7414 RADIANT CIRCLE ORLANDO, FL 32810 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, JAN TRUSTEE 4600 CRANSTON PLACE ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Noah Hall 3945 4th St. #104 Washington, DC 20032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, KIMMI TRUSTEE 4600 CRANSTON PLACE ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joshua Hall 3945 4th St. SE #104 Washington, DC 20032 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abiodun Opediran NO 24, OLABIJI NANA Street, #JCGUN IKOTUN, LAGOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Daryl L. Hall, CEO, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4-24-07		Daytime Phone # (407) 922-4661