2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2007 8:00 am
Secretary of State
04-30-2007 90388 040 ****61.25

DOCUMENT # N06000004695

1. Entity Name

LEVITE MINISTRY & SCHOOL OF WORSHIP, INC.

Principal Place of Business	Mailing Address
1224 MAPLE ST. LAKELAND FL 33810	1224 MAPLE ST. LAKELAND FL 33810

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 90736
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lakeland, FL.
Zip / Country	Zip: 33804 / Country: USA

4. FEI Number: 59-3308491 ☐ Applied For ☐ Not Applicable

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
PARMENTIER, HEIDI ~~1224 MAPLE ST.~~ ~~LAKELAND FL 33810~~	Name: Heidi Parmentier Street Address (P.O. Box Number is Not Acceptable): 4007 Fontana Place City: Valrico FL Zip Code: 33594

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: Heidi Parmentier 5-30-07
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, 2007	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	D FREUND, JANYCE 520 WINDERMERE DR. LAKELAND FL 33809	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREUND, THOMAS 520 WINDERMERE DR. LAKELAND FL 33809	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SPAULDING, LINDA 1224 MAPLE ST. LAKELAND FL 33810	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Heidi Parmentier 4-18-07 863-858-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #