

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 MAR 12 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02252008 No Chg-NP CR2E037 (4/06)

4. FEI Number **43-2089920** ☒ Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOPER, ROOSEVELT REV.
457 JERI DRIVE
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE
IN THIS SPACE**

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)

400120386304
03/14/08--01026--006 **69.80

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	OP
NAME	COOPER, RUBY PASTOR
STREET ADDRESS	457 JERI DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	CP
NAME	COOPER, ROOSEVELT PASTOR
STREET ADDRESS	457 JERI DRIVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	TAYLOR, MELDRICK DEACON
STREET ADDRESS	2933 ROAD 16 WEST
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	GALLEGOS, DIAMOND
STREET ADDRESS	4055 PIER STATION ROAD E
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	D
NAME	RIVERS, PEARL
STREET ADDRESS	4055 PIER STATION ROAD E
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Pastor Ruby Cooper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-08

Date

904-284-4277

Daytime Phone #