2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90091 007 ****72.00

Suite, Apt. #, etc. Suite, Apt. #, etc.	6310 E SLIG	LLS CHURCH OF GOD, INC			03-19-2007 90091 007 ****72.00 50045040				
Suite, Apt. #, etc. Suite, Ap	6310 E SLIGH AVE		6310 E SLIGH AVE TAMPA, FL 33617		1 114411111 111 111				
City & State Country Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Additions Fee Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name City FL Zip Code 8. The above named entity submits this statement for the fluropose of changing its registered office or registered agent, or both, in the State of Florida. I am terminar with, and, the obligations of registered Agent Signature Filling Fee is \$61.25 Due by May 1, 2007 PCD INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 PCD INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required agent when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required agent when rematering DATE Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Agent signature required agent when rematering DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Fee Required FRANCE Agent Filling Fee is \$61.25 Filling Fee is \$61.25 Filling Fee is \$61.25 Due by May 1, 2007 Delete INCIE Registered Office or registered agent, or both, in the State of Florida agent and the Agent agent agent agent agent agent agent agent	2. Principal Place of Business - No P.O. Box #								
Zip Country Zip Country 5.5 Certificate of Status Desired Status D	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232007	Chg-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sireet Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the furpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SiGNATURE Filling Fee is \$61.25 Due by May 1, 2007 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILLE PCD NAME HEATH, GRAIG S GRIEF ADDRESS GRIEF	City & State		City & State			14 9 555		plied For t Applicable	
Sire Address P.O. Box Number is Not Acceptable	Zip	Country	Zip	Country	5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the furpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or bo		6. Name and Address of Current I	Registered Agent		7. Name and A	ddress of New R	egistered Agent		
8. The above nagoed entity submits this statement for the durpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE SIG	6310 E SLIGH AVE								
8. The above named entity submits this statement for the Jurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature Special function of public agent and tight 4 applicable (NOTE Registered Agent signature required when remaiting) DATE Filling Fee is \$61.25	TAMPA, F	L 33617							
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. IIILE PCD NAME HEATH, GRAIG S STREET ADDRESS 6310 E SLIGH AVE CITY-ST-ZIP TAMPA, FL 33617 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PASTOR PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRANCE CITY-ST-ZIP TAMPA, FL 33617 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ADDITIONS/CHANGES	SIGNATURE	Filing Fee is \$61.25	9. Election Cam	paign Financing	\$5.00 May Be	M	ake check payable to		
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ITILE NAME STREET ADDRESS CITY-S1-ZIP 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 di	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6310 E SLIGH AVE TAMPA, FL 33617 STD GILLETT, REGINA 6310 E SLIGH AVE TAMPA, FL 33617 ASD LINKOUS, J. JUANELL 9012 COPELAND RD	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ADDITIONS/CHAI PASTOT/PRE J. D. S. M. M. G310 E. S.I. TAMPA, FL	NGES TO OFFICER SIDENT SONS 9 AVE	AS AND DIRECTORS IN Change Change Change	10 Addition Addition Addition	

while do not not report is supplemental report is not and another and yet my signature shall have the same legal effect as it made under oail; that I am an officer or director of the corporation or the receiver or trustee empowered be 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.