

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007698

FILED
Apr 27, 2007
Secretary of State

Entity Name: CRAIG MARLATT EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

8451 AMELIA TRAIL
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

8451 AMELIA TRAIL
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARLATT, CRAIG S
8451 AMELIA TRAIL
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARLATT, CRAIG S
Address: 8451 AMELIA TRAIL
City-St-Zip: KISSIMMEE, FL 34747

Title: ST () Delete
Name: PENNINGTON, SAMUEL
Address: 14012 OLD HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BEERY, LLOYD
Address: 1343 W. PINE STREET
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: STRAIGHT, RICHARD
Address: 648 STANHOPE DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MARTINEZ, ELIAN A
Address: 8843 PARLIAMENT COURT
City-St-Zip: KISSIMMEE, FL 34747

Title: V () Delete
Name: MARLATT, JOLYN M
Address: 8451 AMELIA TRAIL
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG S. MARLATT

P

04/27/2007

Electronic Signature of Signing Officer or Director

Date