

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011705

FILED  
Mar 12, 2007  
Secretary of State

**Entity Name:** INSTITUTE FOR CONGREGATIONAL TRANSFORMATION, INC.

**Current Principal Place of Business:**

6840 VALRIE LN  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

6840 VALRIE LN  
RIVERVIEW, FL 33569

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

LIPSCOMB, JOHN B  
6840 VALRIE LN  
RIVERVIEW, FL 33569      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:                      D                      ( ) Delete  
Name:                      LIPSCOMB, JOHN B  
Address:                      6840 VALRIE LN  
City-St-Zip:                      RIVERVIEW, FL 33569

Title:                      D                      ( ) Delete  
Name:                      WEBER, DIANA  
Address:                      4763 GREENWICH ROAD  
City-St-Zip:                      SARASOTA, FL 34233

Title:                      D                      ( ) Delete  
Name:                      EDWARD, THEODORE W JR  
Address:                      9211 31ST STREET COURT EAST  
City-St-Zip:                      PARRISH, FL 34219

Title:                      D                      ( ) Delete  
Name:                      LIPSCOMB, MARCIE M  
Address:                      6840 VALRIE LN  
City-St-Zip:                      RIVERVIEW, FL 33569

Title:                      D                      ( ) Delete  
Name:                      HEALY, DAVID  
Address:                      814 IDLEWOOD AVE  
City-St-Zip:                      TAMPA, FL 33600

Title:                      D                      ( ) Delete  
Name:                      LILLIBRIDGE, E. MICHAEL  
Address:                      144 WHITAKER ROAD STE A  
City-St-Zip:                      LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN B. LIPSCOMB

D

03/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date