

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-28-2008 90318 023 ****61.25
N07000004065

FILED

08 JUL 15 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000004065

1. Entity Name
DEBOSE ENCOURAGEMENT & DEVELOPMENT
MINISTRY, INC.



Principal Place of Business
10749 BAHIA DR.
JACKSONVILLE, FL 32246

Mailing Address
10749 BAHIA DR.
JACKSONVILLE, FL 32246

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number **80-0187665** 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

WOODS, RUTH
10749 BAHIA DR.
JACKSONVILLE, FL 32246

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

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

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 P ☐ Delete
NAME WOODS, RUTH
STREET ADDRESS 4591 PALMER AVE.
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V ☐ Delete
NAME PIERRE, ALEX
STREET ADDRESS 4591 PALMER AVE.
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE S ☐ Delete
NAME WAGNER, SIMONE
STREET ADDRESS 4591 PALMER AVE.
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE T ☐ Delete
NAME WILLIAMS, JOHNNIE M.
STREET ADDRESS 10749 BAHIA DR.
CITY - ST - ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME COLLINS BILLINGSLEY, ROBIN
STREET ADDRESS 10749 BAHIA DR.
CITY - ST - ZIP JACKSONVILLE, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

207/15