

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2008 8:00 am
Secretary of State

03-03-2008 90185 015 ****61.25

DOCUMENT # N07000005895 1. Entity Name PRECIOUS MEMORIES A.F.M. CHURCH OF GOD, INC.																															
Principal Place of Business 196 QUINTETTE RD. QUINTETTE, FL 32533			Mailing Address 196 QUINTETTE RD. QUINTETTE, FL 32533																												
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																													
City & State Zip Country		City & State Zip Country																													
4. FEI Number 20-8899971				Applied For ☐ Not Applicable																											
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent DUNKLIN, WILLIE M 196 QUINTETTE RD. QUINTETTE, FL 32533			7. Name and Address of New Registered Agent 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 <i>Willie M Dunklin</i> DATE 1/28/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)																															
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> D DUNKLIN, WILLIE M 196 QUINTETTE RD. QUINTETTE, FL 32533 </td> <td style="width: 20%; text-align: right; font-size: small;">☐ Delete</td> </tr> <tr> <td> D FOUNTAIN, JANICE E 7680 W. HWY. 98 #209 PENSACOLA, FL 32508 </td> <td style="text-align: right; font-size: small;">☐ Delete</td> </tr> <tr> <td> D ADAMS, BENNIE M 2691 HWY. 95A CANTONMENT, FL 32533 </td> <td style="text-align: right; font-size: small;">☐ Delete</td> </tr> <tr> <td> D ADAMS, BENNIE M 2691 HWY. 95A CANTONMENT, FL 32533 </td> <td style="text-align: right; font-size: small;">☐ Delete</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Delete</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Delete</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: small;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%;"> </td> <td style="width: 20%; text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">☐ Change ☐ Addition</td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKLIN, WILLIE M 196 QUINTETTE RD. QUINTETTE, FL 32533	☐ Delete	D FOUNTAIN, JANICE E 7680 W. HWY. 98 #209 PENSACOLA, FL 32508	☐ Delete	D ADAMS, BENNIE M 2691 HWY. 95A CANTONMENT, FL 32533	☐ Delete	D ADAMS, BENNIE M 2691 HWY. 95A CANTONMENT, FL 32533	☐ Delete	 	☐ Delete	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Change ☐ Addition	 	☐ Change ☐ Addition	 	☐ Change ☐ Addition	 	☐ Change ☐ Addition	 	☐ Change ☐ Addition	 	☐ Change ☐ Addition
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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 817, 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: <i>Willie M Dunklin</i> Date 1-28-08 Daytime Phone # 850-332-7975 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															

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