2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

MARSHALL, JR, REV. DR. ABRON STRET ADDRESS CITY-ST-ZP GREEN COVE SPRINGS FL 32043 TITLE P GREEN COVE SPRINGS FL 32043 TITLE BURNEY, REV. DANIEL STRET ADDRESS CITY-ST-ZP TITLE V MARE DANIEL, LONNIE STRET ADDRESS CITY-ST-ZP TITLE V MARE STRET ADDRESS CITY-ST-ZP TITLE V MARE DANIEL, LONNIE STRET ADDRESS CITY-ST-ZP GREEN COVE SPRINGS FL 32043 TITLE V MARE DANIEL, LONNIE STRET ADDRESS CITY-ST-ZP GREEN COVE SPRINGS FL 32043 TITLE MARE STRET ADDRESS CITY-ST-ZP		ANNUAL RE	PUNI (AN)		9/11/2008-90	001-016-\$70.00-\$7	0.00		
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2. Principal Place of Business - No PQ. Box # 3. Mailing Address #402 0 Plex Status Suite, Ast # 402 0 Plex Status Suite, Ast *	Principal Place o	of Business	Mailing Address			- 1	3/4/3		
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Covery 20 Country 20 Country 20 Country 30 Country 30 Country 40 Se. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Numb ARSHALL JR, REV. DR ABRON 2661 MARSHALL JANE GREEN COVE SPRINGS FL 32043 City FL Zip Code 3. The above named entity submiss 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 accepte the obligations of registered agent. Signature 6. Nume and Address of New Registered Agent Numb Sireel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 7. Nume and Address of New Registered Agent Numb Sireel Address (P.O. Box Number is Not Acceptable) Sireel Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submiss 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 accepte the obligations of registered agent. FL	Road west west					ORE CR2E03	7 (4/08)		
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City FL Zip Code L. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent. SIGNATURE Septiment for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent. SIGNATURE Septiment for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent. SIGNATURE Septiment for State Septiment for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of registered agent, or both, in the State of Ronda. I am familiar with, aird accept the obligations of Ronda. Signature for the State of Ronda is acceptable to Police or Ronda is accept			_	Name -					
City FL Zip Code 1. 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 SIGNATURE SIGNATURE FILE NOW: FEE IS \$61.25 P. Election Campaign Financing Trust Fund Contribution. PASSET Added to Fees Trust Fund Contribution. Did By September 3, 2008 Make Check Payable to Florida Department of State Florida	2561 MARSHALL LANE				s (P.O. Box Number is No	P.O. Box Number is Not Acceptable)			
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15. 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, arifd accept the obligations of registered agent. 16. Signature September 3, 2008 Sept				City		FL	Zip Cod	e	
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ITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP [2.1] I hereby certify that the information supplied with this filling 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 eath; 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	2. I hereby cer indicated on	t ibis report or supplemental report is true	e and accurate and that m	the exemptions contain	(i same lenal effect as if it	sade under delh: that I or	n an Allicar	ar diractor	
changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	changed, or	on an attachment with an address, with	all other like empowered.	Graquited by Chapter 6					

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