

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N12886

1. Entity Name
**CHURCH OF GOD IN CHRIST, JURISDICTION
SOUTHWESTERN FLORIDA, INC.**



Principal Place of Business
**2313 E 27TH AVENUE
TAMPA, FL 33605 US**

Mailing Address
**P. O. BOX 310999
TAMPA, FL 33680 US**



04142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2564557

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAVAGE, MICHAEL
1536 GARDNER DRIVE
LUTZ, FL 33549**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, MATTHEW
STREET ADDRESS 5517 KEELER OAK STREET
CITY-ST-ZIP LITHIA, FL 33547

TITLE T
NAME FOWLER, WILLIE
STREET ADDRESS 1416 HOLLEMAN DRIVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE D
NAME SAVAGE, MICHAEL
STREET ADDRESS 1536 GARDNER DRIVE
CITY-ST-ZIP LUTZ, FL 33549

TITLE SD
NAME GAYLORD, WILLIAM E
STREET ADDRESS 2664 24TH STREET
CITY-ST-ZIP SARASOTA, FL 34234

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000709469
04/25/07-80004-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Michael Savage - MICHAEL SAVAGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-07

Date

813-949-3301

Daytime Phone #