

# NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90148 042 \*\*\*\*61.25

## DOCUMENT #

1. Entity Name *Church of Eternity in Gainesville*

REF. NUMBER, N20626



**DO NOT WRITE IN THIS SPACE**

40093833

CR2E037B (5/07)

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

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**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

**FEE IS \$61.25**  
Initial or Amended AR

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

TITLE	PD	ROSE L MCQUEEN
NAME		
STREET ADDRESS		2931 NE 11 TERR GAINESVILLE FL 32609
CITY-ST-ZIP		
TITLE	SECRETARY	ROSE MARY MOODY
NAME		
STREET ADDRESS		1731 NW 26 ST
CITY-ST-ZIP		FT. LAUDERDALE - 33311
TITLE	S	WILLIE MAE JONES
NAME		
STREET ADDRESS		2961 NW 75 ST
CITY-ST-ZIP		FT. LAUDERDALE - 33311
TITLE	D	JEROME JENKINS
NAME		
STREET ADDRESS		2931 NE 11 TERR
CITY-ST-ZIP		GAINESVILLE FL 32609
TITLE	S	ROSA GREEN
NAME		
STREET ADDRESS		500 S 2613 TERR
CITY-ST-ZIP		GAINESVILLE FL 32641
TITLE	MOT	GLORIN BURNS
NAME		
STREET ADDRESS		13 NE 14 ST
CITY-ST-ZIP		GAINESVILLE FL 32641

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: **ROSE L MCQUEEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-1-08** Daytime Phone #