

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

**FILED  
Feb 28, 2007  
Secretary of State**

DOCUMENT# N20688

Entity Name: AT THE CHURCH OF THE LIVING CHRIST, INC.

**Current Principal Place of Business:**

13415 JOHNSON ST./ DIXIE AVE.  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2211  
DADE CITY, FL 335262211 US

**New Mailing Address:**

PO BOX 424  
DADE CITY, FL 335260424 US

FEI Number: 16-1682860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANNER, WILLIAM P  
37445 DAVIS AVE  
P.O. BOX 2211  
DADE CITY, FL 335262211 US

**Name and Address of New Registered Agent:**

HANNER, WILLIAM P  
37445 DAVIS AVE  
DADE CITY, FL 33523 US

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.

SIGNATURE: \_\_\_\_\_ Date: 02/28/2007  
Electronic Signature of Registered Agent

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HANNER, WILLIAM  
Address: 37445 DAVIS AVE  
City-St-Zip: DADE CITY, FL 33523 US

Title: V ( ) Delete  
Name: VAUGHNS, VIOLA H  
Address: 37428 VALERA AVE  
City-St-Zip: DADE CITY, FL 33523 US

Title: T ( ) Delete  
Name: HANNER, MAUDRIENNE P  
Address: 37445 DAVIS AVE  
City-St-Zip: DADE CITY, FL 33523 US

Title: D ( ) Delete  
Name: PITTMAN, JESSE L  
Address: 14828 11TH STREET  
City-St-Zip: DADE CITY, FL 33523 US

Title: ATD ( ) Delete  
Name: OATES, MATTIE D  
Address: 14342 1ST STREET  
City-St-Zip: DADE CITY, FL 33525 US

Title: S ( ) Delete  
Name: GRAY, DEAISHA L  
Address: 15239 16TH STREET  
City-St-Zip: DADE CITY, FL 33523 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HANNER PD Date: 02/28/2007  
Electronic Signature of Signing Officer or Director