

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90018 016 ****61.25

DOCUMENT # N25394

1. Entity Name

UTTERMOST MIRACLE CHURCH AND BIBLE SCHOOL OF
THE PROPHETS, INC.



Principal Place of Business

Mailing Address

CORNER OF 73 N. & U.S. 231
MARIANNA FL 32446

P.O. BOX 217
MARIANNA FL 32447

2. Principal Place of Business - No P.O. Box #

3794 Hwy 231 + 73 Corner

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARIANNA, Florida

City & State

Zip

32446

Country

JACKSON

Zip

Country

4. FEI Number

58-1887356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

LOMBARD, ANDREW J SR
3794 CORNER OF HWY 73 & 231 NO.
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name Pastor Andrew J Lombardi Sr
Street Address (P.O. Box Number is Not Acceptable)
3794 Hwy 231 + 73 Corner
MARIANNA, FL 32446
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 Pastor Andrew J Lombardi Sr DATE 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY ST ZIP	P LOMBARD, ANDREW J SR, PAS 3794 CORNER OF 73 & 231 MARIANNA FL 32447	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VD LOMBARD, ANNA F EVAN 837 SANDERSON RD JOHNSTON RI 02919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T LOMBARD, ANDREW J JR, DR 232 NORWOOD AVE CHANSTON RI 02905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S PALIOTTA, PAULA 1709 STONEWALL RD, APT 123 LAURINBURG NC 28352	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D SELMANIE, MARGARET ANN 10 MARGARET STREET CRANSTON RI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DAVID HONEA 8159 HUNTINGTON DR JONESBORO, GA 30238	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pastor Andrew J Lombardi Sr DATE 4/2/07 8502721549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #