## **FILED** Feb 09, 2007 8:00 am Secretary of State 02-09-2007 90025 039 \*\*\*\*61.25

	R-PROFIT CORPORATION BUSINESS REPORT (U	
DOCUMENT #	N37808	
	Church of Greensboro.	

Incorporated, Gadsden County Greensboro, Florida											
DO NOT WRITE IN THIS SPACE											
2. Principal Place of Business 101 Gadsden Avenue 2. Box 3. Mailing Address P. O. Box				100		40012786					
Suite, Apt. #, etc. Suite. Apt. #, etc.			100	· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE						
City & State Cit			City & State			4. FEI Number				Applied For	
Greensboro, FL			Greensboro, FL			4. PERMUNICO	59-240	2509		Not Applicable	
32330		Country <b>Gadsden</b>	Zip	2330	Country Gads		5. Certificate of S	tatus Desired		\$8.75 Fee Red	Additional juired
32330	I	oudbach	, J2	-550			7. Name and Addr	ess of Current	t Registere	d Agent	
	<b>D</b>	O NIOT M	ידום			lame	w. E. Wi				
		O NOT W			S	Street Address	(P.O. Box Number is	Not Acceptable	e)		
		N THIS SF	'ACI				Highway	12			
						City	Greensbor		FL	Zip	<sup>Co</sup> \$2330
	named entity	submits this statement fo	r the purp	ose of changing its	registered o	office or registe	ered agent, or both, in	the state of Flo	orida. I am	familiar w	ith, and accept
i											
SIGNATURE _											
	Signature, typed (	or printed name of registered agent	and the it stat	Bicable. (NC):	E. Hegistored Agi	ent cignature require	ad when reinstating)		DATE		
FEE IS \$61.25 9. Election Campa Initial or Amended UBR Trust Fund Cor				npaign Finai		\$5.00 May Be	Ma Ma	ake Chec	k Paya		
	initial or i	Amended UBR		Trust Fund (	Contribution.		Added to Fees		da Depa	rtment	of State
10.		Amended UBR OFFICERS AND DIF	RECTORS						da Depa	rtment	of State
10.	D :	OFFICERS AND DIF	RECTORS		TITLE				da Depa	rtment	
10. TITLE NAME STREET ADDRESS	D . Macon	OFFICERS AND DIF			TITLE NAME  N ASTREET A	DDRES\$			da Depa	rtment	Color
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Macon P. O Green	OFFICERS AND DIF	High	nway 12 I	TITLE NAME ASTREET A	DDRES\$			da Depa	rtment	
10.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D Macon P. O Green	officers and dif n, Charlie . Box 127, nsboro, FL	High	nway 12 I	TITLE NAME  N ASTREET A	DDRES\$			da Depa	rtment	Color
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

02/04/07 <del>(850), 442-620</del>2