

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90680 001 *****8.75
04-17-2006 90680 002 *****61.25

DOCUMENT # N38010

1. Entity Name
CHURCH OF GOD IN CHRIST OF WABASSO, INC.



Principal Place of Business
**8345 58TH AVE.
WABASSO, FL 32970**

Mailing Address
**PO BOX 7036
VERO BEACH, FL 32961-7036**

66010488



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0199288

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, WILLIE MAE
4140 48TH PLACE
VERO BEACH, FL 32967**

Name **EDMOND, MAMIE R**
Street Address (P.O. Box Number is Not Acceptable)
4140 48TH PL
VERO BEACH FL 32967
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 *Mamie R. Edmond* *Mamie R. Edmond* 4/10/06
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, 2006**

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** ☒ Delete
NAME **SIMS, MATTHEW L JR**
STREET ADDRESS **P.O BOX 622**
CITY-ST-ZIP **WABASSO, FL 32970**

TITLE **TD** ☒ Delete
NAME **CROSDALE, MAMIE R**
STREET ADDRESS **PO BOX 44**
CITY-ST-ZIP **VERO BEACH, FL 329615198**

TITLE **SD** ☐ Delete
NAME **COOPER, HELEN R**
STREET ADDRESS **2385 SOUTHWEST 11TH COURT**
CITY-ST-ZIP **VERO BEACH, FL 32962**

TITLE **D** ☒ Delete
NAME **BROWN, WILLIE JAMES**
STREET ADDRESS **PO BOX 44**
CITY-ST-ZIP **VERO BEACH, FL 32961**

TITLE **D** ☒ Delete
NAME **GREEN, WILLIE MAE**
STREET ADDRESS **PO BOX 6596**
CITY-ST-ZIP **VERO BEACH, FL 329616596**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
NAME **EDMOND, MAMIE R**
STREET ADDRESS **4140 48TH PL**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **TD** ☐ Change ☐ Addition
NAME **FALISHA CARTER**
STREET ADDRESS **7403 GATEHOUSE CIR, APT 145**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Mamie R. Edmond* *Mamie R. Edmond* 4/10/06 772-559-8289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #