## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N40398 HOLY JERUSALEM CHURCH OF GOD INC. 07 MAR -8 AM 9:23 SECKE JARY UL STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2328 HOLTON STREET 2328 HOLTON STREET TALLAHASSEE, FL 32310 US TALLAHASSEE, FL 32310 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address CR2E037 (12/06) 07 Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 Chq-NP 4. FEI Number 59-3027292 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, GEORGE BISHOP Street Address (P.O. Box Number is Not Acceptable) 1003 SHADYWOOD TR TALLAHASSEE, FL 32311 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. D TITLE Delete TITLE ☐ Change ☐ Addition CLARK, GEORGE NAME STREET ADDRESS STREET ADDRESS 346 SEMINOLE CR CITY-ST-ZIP HAVANA, FL 32333 CITY-ST-ZIP 8000923052°% 0/ 03/13/07--01006--018 \*\*70.00 TITLE ☐ Delete TITLE ■ Addition CLARK, LILLIE NAME NAME STREET ADDRESS 346 SEMINOLE CR STREET ADDRESS HAVANA, FL 32333 CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HALL, JAMINE NAME STREET ADDRESS 2328 HOLTON ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP ☐ Addition TITLE D ☐ Delete TITLE ☐ Change PATTERSON, JILL NAME NAME STREET ADDRESS 2328 HOLTON ST STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE Delete ALLIN, DANNIE NAME NAME STREET ADDRESS STREET ADDRESS 2326 HOLTON ST. TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE HALL, LACHANTNIA NAME NAME STREET ADDRESS 2328 HOLTON ST STREET ADDRESS TALLAHASSEE, FL 32310 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: Ana R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone &