

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

**FILED  
Jan 15, 2007  
Secretary of State**

DOCUMENT# N45195

**Entity Name:** THE CHURCH OF GOD OF THE ABRAHAMIC FAITH, GAINESVILLE, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

7512 N.W. 218 ST  
ALACHUA, FL 32615

**New Principal Place of Business:**

**Current Mailing Address:**

7512 N.W. 218 ST  
ALACHUA, FL 32615

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

TAYLOR, WILLIAM A  
7512 N.W. 218 ST.  
ALACHUA, FL 32615    US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      GROFF, DELBERT  
Address:                      7220 N.W. 202 ST.  
City-St-Zip:                      ALACHUA, FL 32615

Title:                      D                      ( ) Delete  
Name:                      LUTZ, RONALD F  
Address:                      807 SE 2ND AVE.  
City-St-Zip:                      GAINESVILLE, FL 32601

Title:                      D                      ( ) Delete  
Name:                      TAYLOR, WILLIAM A  
Address:                      7512 N.W. 218 ST.  
City-St-Zip:                      ALACHUA, FL 32615

**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:                      \_\_\_\_\_

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 A. TAYLOR

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MR.

01/15/2007

\_\_\_\_\_ Date