

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90034 030 ****61.25

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02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3130222 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

HENSEL, JOHN R
1299 PIPER RD
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing 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	P	<input type="checkbox"/> Delete
NAME	HENSEL, JOHN R	
STREET ADDRESS	1299 PIPER RD	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, LEE	
STREET ADDRESS	26011 WILLOW ST	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEARZL, BIB	
STREET ADDRESS	12314 SUNSHINE GROVE RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34614	
TITLE	DEAC	<input type="checkbox"/> Delete
NAME	AMBROSE, PETER	
STREET ADDRESS	8329 BELMONT RD	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Beard	
STREET ADDRESS	12314 Sunshine Grove Road	
CITY-ST-ZIP	BROOKSVILLE FL 34614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Deacon	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matthew Dean	
STREET ADDRESS	5390 Legend Hills Lane	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE	Deaconess	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Poling	
STREET ADDRESS	12769 Coronado Dr.	
CITY-ST-ZIP	Spring Hill, FL 34609	

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: Rev. John R. Hensel 3/12/07 (352) 597-1139
Signature and typed or printed name of signing officer or director Date Daytime Phone #