2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# N93000003812

Entity Name: PALATKA FULL GOSPEL MISSION, INC.

Current Principal Place of Business:

2804 REID ST.
PALATKA, FL 32178

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2596
PALATKA, FL 32178 US

New Mailing Address:

FEI Number: 59-3214093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEEL, MICHAEL E
331 OLD PENIEL ROAD
PALATKA, FL 32177 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: DP ( ) Delete
Name: DEEL, MICHAEL E
Address: 331 OLD PENIEL RD.
City-St-Zip: PALATKA, FL 32177

Title: DST ( ) Delete
Name: DEEL, SHIRLEY D
Address: 331 OLD PENIEL RD.
City-St-Zip: PALATKA, FL 32177

Title: DVP ( ) Delete
Name: SMITH, LINDA D
Address: 158 HOOVER RD.
City-St-Zip: HOLLISTER, FL 32147

Title: D ( ) Delete
Name: LEE, CINDY M
Address: 102 BASS DRIVE
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: HILL, BARBARA A
Address: 104 BASS DR.
City-St-Zip: INTERLACHEN, FL 32148

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:

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: SHIRLEY DARLENE DEEL DST 04/03/2007
Electronic Signature of Signing Officer or Director — Date