

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90393 045 \*\*\*\*61.25

**DOCUMENT # N94000000851**

1. Entity Name

CHURCH OF THE LORD JESUS CHRIST INC.



Principal Place of Business

Mailing Address

12267 PONCE DE LEON BLVD  
BROOKSVILLE FL 34601  
US

12267 PONCE DE LEON BLVD  
BROOKSVILLE FL 34601  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2231349

Applied For

Not Applicable

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

THOMPSON, JOHN D  
12267 PONCE DE LEON BLVD  
BROOKSVILLE FL 34601

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 reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PDTR  
THOMPSON, JOHN D  
12267 PONCE DE LEON BLVD  
BROOKSVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TSD  
THOMPSON, JANET L  
12267 PONCE DE LEON BLVD  
BROOKSVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TRD  
HARTWELL, MARY R  
1934 HOLIDAY DR  
HOLIDAY FL 34691

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DT  
HARTWELL, MARY R.  
P. O. Box 177  
Port Richey, FL 34673

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DT  
BENSON, BETTY E  
14288 PULLMAN DR  
SPRING HILL FL 34609

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
PENNINGTON, L.J.  
1908 E 115TH AVENUE  
TAMPA FL 33612

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DT  
PENNINGTON, L. J.  
1908 E. 115th Avenue  
Tampa, FL 33612

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *John D Thompson* JOHN D. THOMPSON 4-19-07 352-796-1620