

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90073 037 ****61.25

DOCUMENT # N94000006121 1. Entity Name MEMBERS IN CHRIST ASSEMBLIES, INC.			
Principal Place of Business 840K DELTONA BLVD F2 DELTONA, FL 32725 US		Mailing Address P.O. BOX 5817 DELTONA, FL 32728	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1208 TIVOLI DRIVE Suite, Apt. #, etc.	
City & State DELTONA, FL		City & State DELTONA, FL	
Zip 32725	Country U.S.A.	4. FEI Number 59-3277431	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAYLE, NAOMI 1581 AMY CIRCLE DELTONA, FL 32738		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	P GAYLE, NAOMI 1581 AMY CIRCLE DELTONA, FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEAVER, IWRY 333 SOUTH OSCEOLA ST DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 918 Roberts Blvd Deltona, FL - 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAND, CONSTANCE 1208 TIVOLI DR DELTONA, FL 32725	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEAVER, GLORIA 333 SOUTH OSCEOLA ST ORANGE CITY, FL 32774	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, BARBARA 8207 LAKESIDE DR YALAHUA, FL 34797	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUKE GAYLE 1208 TIVOLI DR DELTONA, FL - 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Naomi Gayle</i> NAOMI GAYLE		Date <i>April 27, 2007</i> (407) 272-4887	