

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

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # N9600000721**  
1. Entity Name  
**THE COMMUNITY CHURCH OF GOD OF JOHNSON,  
FLORIDA, INC.**

Principal Place of Business 423 SO. C.R. 21 HAWTHORNE FL 32640	Mailing Address 423 SO. C.R. 21 HAWTHORNE FL 32640 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
DOWLING, ROBERT W 423 HWY 21 HAWTHORNE FL 32640	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<b>FL</b> 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 *Robert W. Dowling* Robert W. Dowling 3-7-07  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOWLING, PASTOR ROBERT			NAME			
STREET ADDRESS	147 VAUSE			STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE FL			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	YOUNT, GARY			NAME			
STREET ADDRESS	P.O BOX 1488 N/A			STREET ADDRESS			
CITY-ST-ZIP	HAWTHORNE FL			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEVELYN, STACEY			NAME			
STREET ADDRESS	316 LILY TR			STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL 32148			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MEVELYN, STACEY			NAME			
STREET ADDRESS	316 LILY TRAIL			STREET ADDRESS			
CITY-ST-ZIP	INTERLACHEN FL 32148			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Mevelyn Stacey* Mevelyn Stacey 3-7-07 356-916-1354