

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 012 ****61.25

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1. Entity Name
CHURCH MORTGAGE AND LOAN CORPORATION



Principal Place of Business
620 N. WYMORE ROAD
SUITE 240
MAITLAND, FL 32751

Mailing Address
620 N. WYMORE ROAD
MAITLAND, FL 32751



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3488330 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HICKS, RICHARD C
12806 MAGNOLIA POINTE BLVD
CLERMONT, FL 34711

**DO NOT WRITE
IN THIS SPACE**

I, 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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIMS, DAVID A
STREET ADDRESS	8 PLEASANT COURT
CITY-ST-ZIP	LITTLE ROCK, AR 72211
TITLE	D
NAME	HICKS, RICHARD C
STREET ADDRESS	12806 MAGNOLIA POINTE BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	V.P.
NAME	HAYDEN, MICHAEL
STREET ADDRESS	620 N. WYMORE ROAD, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	DEWITT, THOMAS
STREET ADDRESS	620 N. WYMORE ROAD, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	ASPLIN, MARK
STREET ADDRESS	620 N. WYMORE ROAD, STE 240
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Hicks

Date

Daytime Phone #

1-23-07 407-~~208~~ 278-5566