

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 011 ****70.00

DOCUMENT # N97000001938

1. Entity Name
EVANGELINE BOOTH RESIDENCE, INC.



Principal Place of Business
**1424 NE EXPRESSWAY
ATLANTA, GA 30329**

Mailing Address
**1424 NE EXPRESSWAY
ATLANTA, GA 30329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3437427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEDGREN, STEVE
5631 VAN DYKE RD
LUTZ, FL 33558**

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

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **GOODIER, WILLIAM R**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **D** ☒ Delete
NAME **HAUPT, GARY**
STREET ADDRESS **5631 VAN DYKE RD**
CITY-ST-ZIP **LUTZ, FL 33558**

TITLE **D** ☐ Delete
NAME **FAULKNER, DONALD**
STREET ADDRESS **16628 VALLEY DR.**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **ATD** ☐ Delete
NAME **MOTHERSHED, DAVID R**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **D** ☒ Delete
NAME **NEEDHAM, PHILIP D**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **PD** ☐ Delete **Change**
NAME **FEENER, MAXWELL S**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **SENFT, JOANNE**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **D** ☐ Change ☒ Delete
NAME **MATTHES, EVELYN**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **D** ☐ Change ☒ Addition
NAME **HOBGOOD, EDWARD**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **D** ☐ Change ☒ Addition
NAME **HEDGREN, STEVE**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **T/D** ☐ Change ☒ Addition
NAME **WARD, AL H**
STREET ADDRESS **1424 NE EXPRESSWAY**
CITY-ST-ZIP **ATLANTA, GA 30329**

TITLE **CHAIRMAN** ☐ Change ☒ Addition
NAME **ISRAEL L. GAITHER**
STREET ADDRESS **615 SLATERS LANE**
CITY-ST-ZIP **ALEXANDRIA VA 22313**

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:

William R.N. Goodier, Secretary/Director

04/03/2007

404-728-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

CONTINUED →

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ATTACHMENT

DOCUMENT # N97000001938 <small>1. Entity Name</small> EVANGELINE BOOTH RESIDENCE, INC					
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		01302006 Chg-NP CR2E037 (11/05)	
4. PER Number 59-3437427				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HEDGREN, STEVEN NOTE: Spelling Correction 5631 VAN DYKE RD LUTZ, FLORIDA 33558			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			William R. N. Goodier, Secretary/Director 04/03/2007 404-728-1300 <small>Date Daytime Phone #</small>		