

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002999

1. Entity Name
MCGHEE MINISTRIES, INC.



Principal Place of Business
647 NORTH STREET
DAYTONA BEACH, FL 32114

Mailing Address
647 NORTH STREET
DAYTONA BEACH, FL 32114



03282007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3541842

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALLON MCGHEE, ELIZABETH
647 NORTH STREET
DAYTONA BEACH, FL 32114

DO NOT WRITE
IN THIS SPACE

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 \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MCGHEE, JOHN C
647 NORTH ST
DAYTONA BCH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVRA
MCGHEE, ELIZABETH G
647 NORTH ST
DAYTONA BCH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MCGHEE, JOHN C II
647 NORTH ST
DAYTONA BCH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEWIS, JOE C JR
647 NORTH ST
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD0000706890
04/24/07-80053-006 70.00

DO NOT WRITE
IN THIS SPACE

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:

Elizabeth D. Gallon McGhee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/07

386-451-9751

Date

Daytime Phone #