

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2007 90098 029 ****61.25

DOCUMENT # N98000006217					
1. Entity Name THE AWAKENING MINISTRY OF JESUS CHRIST INCORPORATION					
Principal Place of Business P.O. BOX 6229 TALLAHASSEE, FL 32314			Mailing Address P.O. BOX 6229 TALLAHASSEE, FL 32314		
2. Principal Place of Business - No P.O. Box # 3512 Estates Rd		3. Mailing Address PO Box 6229			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3358044	
Zip 32305		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 32314		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYES, SAMUEL L 9980 CHARLIE ASH LN. WOODVILLE, FL 32362			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 <i>X Samuel Hayes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Samuel Hayes</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<i>3/17/07</i> <small>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 D NAME WILLIAMS, ROSA STREET ADDRESS 1630 BALKIN RD LOT 166 CITY-ST-ZIP TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME EDWARDS, ROSE STREET ADDRESS P.O. BOX 6229 CITY-ST-ZIP TALLAHASSEE, FL 32314	<input checked="" type="checkbox"/> Delete		TITLE D NAME Helen Hayes STREET ADDRESS PO Box 6229 CITY-ST-ZIP Tallahassee, FL 32314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME RICHARDSON, DONNA STREET ADDRESS 1630 BALKIN RD LOT 167 CITY-ST-ZIP TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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>Donna Richardson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Donna Richardson</i> <small>Date</small>		<i>3/17/07 264-5959</i> <small>Daytime Phone #</small>	