

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

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005556

1. Entity Name
THE CHURCH AT TRIPLE CROSS, INC.



Principal Place of Business
**20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667**

Mailing Address
**20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667**



03022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945780

Applied For
Not Applicable

3. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**EDWARDS, NORMAN
20740 NW 100 AVE. ROAD
MICANOPY, FL 32667**

**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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2007 954 410 6067

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

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

000000656315
03/14/07-80021-010 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
EDWARDS, NORMAN
20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
EDWARDS, PHYLLIS
20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEC
VIDAL, CALLIE SUE
20736 NW 100 AVE. ROAD
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
EDWARDS, ANGEL RAE
20740 NW 100 AVENUE ROAD
MICANOPY, FL 32667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-2007 353 572 5589