

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90282 022 ***158.75

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1. Entity Name
CHRISTIAN ENCOURAGEMENT ASSOCIATION, INC.



Principal Place of Business

**1772 VILLA DRIVE
DELTONA, FL 32738 US**

Mailing Address

**P.O. BOX 390342
DELTONA, FL 32739 US**

DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1261447

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PAYNE, TAMMEY D DR.
1772 VILLA DRIVE
DELTONA, FL 32738**

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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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
**PCEO
PAYNE, TAMMEY D DR.
1772 VILLA DRIVE
DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
PAYNE, TIMOTHY P
1772 VILLA DRIVE
DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PAYNE, TAMMEY D DR
1772 VILLA DRIVE
DELTONA, FL 32738**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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

Date

Daytime Phone #