


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-16-2007 90037 030 \*\*\*150.00  
P06000016979

<b>DOCUMENT # P06000016979</b> 1. Entity Name <b>JUST CHURCH-IN, INC.</b>	
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Principal Place of Business <b>4721 NW 17TH CT. LAUDERHILL, FL 33313</b>	Mailing Address <b>4721 NW 17TH CT. LAUDERHILL, FL 33313</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip      Country	City & State Zip      Country
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FILED  
07 JUL -2 PM 12: 59  
STATE  
LAUDERHILL, FLORIDA

01062007    Chg-P    CR2E034 (12/06)

4. FEI Number <b>56-2562402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BARRETT, DELIVAN A 4721 NW 17TH CT. LAUDERHILL, FL 33313</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: Delivan A. BARRETT      Delivan Barrett      \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)      DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BARRETT, DELIVAN A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4721 NW 17TH CT.	NAME	
STREET ADDRESS	LAUDERHILL, FL 33313	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, LEILA E	NAME	
STREET ADDRESS	4721 NW 17TH CT.	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33313	CITY-ST-ZIP	
TITLE	<i>None</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Delivan Barrett      Delivan A. Barrett      (954) 484-0708  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Device Phone #