


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90012 036 \*\*\*150.00

<b>DOCUMENT # P98000060473</b>	
1. Entity Name <b>THE LAST CHURCH OF GOD, INC.</b>	

Principal Place of Business <b>7557 18 AVE. NORTH ST. PETERSBURG, FL 33710 US</b>	Mailing Address <b>7557 18 AVE. NORTH ST. PETERSBURG, FL 33710 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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70100000



04212008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3522503</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>JACKETT, ROBERT J 7557 18 AVE. NORTH ST. PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name <b>ROBERT JACKETT, JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7557 18 AVENUE NORTH</b> City <b>ST. PETERSBURG</b> FL Zip Code <b>33710</b>

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 Robert J. Jackett, Jr. **ROBERT JACKETT, JR.** **4-21-08**  
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS JACKETT, ROBERT J 7557 18 AVE. NORTH ST. PETERSBURG, FL 33710 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS JACKETT, JR. ROBERT J. 7557 18 AVENUE NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" 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
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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 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: Robert J. Jackett, Jr. **ROBERT JACKETT, JR. PRESIDENT** **4-21-08** **727-344-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #