

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90128 024 ****61.25

DOCUMENT # 713821					
1. Entity Name WINDERMERE MINISTRIES, INC.					
Principal Place of Business P.O. BOX 769 WINDERMERE, FL 34786		Mailing Address P.O. BOX 769 WINDERMERE, FL 34786			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1263694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYERS, JOSEPH F 9026 BALMORAL MEWS SQUARE WINDERMERE, FL 34786			Name <i>Myers, Joseph F.</i> Street Address (P.O. Box Number is Not Acceptable) <i>300 main Street</i> City <i>Windermere</i> FL Zip Code <i>34786</i>		
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>Joseph F Myers</i>			DATE <i>4/20/08</i>		
Filing Fee is \$61.25 Due by May 1, 2008			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	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATEMAN, MARK		NAME	<i>Bateman, mark</i>	
STREET ADDRESS	8303 PINEY GLEN LANE		STREET ADDRESS	<i>300 main Street</i>	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	<i>Windermere, FL 34786</i>	
TITLE	TS	<input type="checkbox"/> Delete	TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFOOT, FRANCES J		NAME	<i>Crofoot, Frances J.</i>	
STREET ADDRESS	8823 BAY HILL BLVD		STREET ADDRESS	<i>300 main Street</i>	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	<i>Windermere, FL 34786</i>	
TITLE	TP	<input type="checkbox"/> Delete	TITLE	TP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, JOSEPH F		NAME	<i>Myers, Joseph F.</i>	
STREET ADDRESS	9026 BALMORAL MEWS SQUARE		STREET ADDRESS	<i>300 main Street</i>	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	<i>Windermere, FL 34786</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, WELDON		NAME	<i>Warren, Weldon</i>	
STREET ADDRESS	3612 LAKE BUYNACK RD		STREET ADDRESS	<i>300 main Street</i>	
CITY-ST-ZIP	WINDERMERE, FL 34786		CITY-ST-ZIP	<i>Windermere, FL 34786</i>	
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 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>Joseph F Myers</i>			DATE <i>4/20/08</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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