

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002207

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: AARON ODOM MINISTRIES, INC.

**Current Principal Place of Business:**

1007 BRASHEAR'S PT.  
RIDGELAND, MS 39157

**New Principal Place of Business:**

**Current Mailing Address:**

1007 BRASHEAR'S PT.  
RIDGELAND, MS 39157

**New Mailing Address:**

FEI Number: 01-0649381      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ODOM, AARON  
1643 BENT OAKS BLVD.  
DELAND, FL 32724    US

**Name and Address of New Registered Agent:**

ODOM, AARON  
1654 BENT OAKS BLVD.  
DELAND, FL 32724    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/08/2008

Date

**OFFICERS AND DIRECTORS:**

Title: PD                    ( ) Delete  
Name: ODOM, AARON  
Address: 1007 BRASHEAR'S PT.  
City-St-Zip: RIDGELAND, MS

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                        ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MR.                    ( ) Change (X) Addition  
Name: FORNEY, RICHARD  
Address: 1643 BENT OAKS BLVD.  
City-St-Zip: DELAND, FL 32724

Title: MRS.                   ( ) Change (X) Addition  
Name: ROSSI, REBECCA  
Address: 1643 BENT OAKS BLVD.  
City-St-Zip: DELAND, FL 32724

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON ODOM

Electronic Signature of Signing Officer or Director

MR.

04/08/2008

Date