2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007980

FILED Jul 01, 2007 Secretary of State

Entity Name: NORTH STAR CHRISTIAN MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

4828 163RD AVENUE NORTH CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

PO BOX 87 7296 W. 85TH STREET OZONA, FL 34660 LOS ANGELES, CA 90045

FEI Number: 33-1026276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

STEFANSKI, SUSAN M
4828 163RD AVENUE NORTH
4828 163RD AVE N
CLEARWATER, FL 33762 US
STEFANSKI, SUSAN M
4828 163RD AVE N
CLEARWATER, FL 33762 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: 07/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition
Name: STEFANSKI, SUSAN M

Address: Address: TEFANSKI, SUSAN M

Address: TEFANSKI, SUSAN M

Address: TEFANSKI, SUSAN M

 Address:
 4828 163RD AVENUE NORTH
 Address:
 7296 W. 85TH STREET

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:
 LOS ANGELES, CA 90045

Title: () Delete Title: (X) Change () Addition MCBAIN, ANDREW JOHN B Name: Name: MCBAIN, ANDREW JOHN B Address: 7296 W 85TH STREET Address: 4828 163RD AVENEUE N City-St-Zip: LOS ANGELES, CA 90045 City-St-Zip: CLEARWATER, FL 33762

Title: S () Delete Title: () Change () Addition

 Name:
 STEFANSKI, J. TREVOR P
 Name:

 Address:
 4828 163RD AVENUE NORTH
 Address:

 City-St-Zip:
 CLEARWATER, FL 33762
 City-St-Zip:

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: SUSAN STEFANSKI PT 07/01/2007