2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# N03000006824

Entity Name: STANDING ON SOLID GROUND MINISTRY, INC.

Current Principal Place of Business:

1109 BLOSSOM CIR.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1109 BLOSSOM CIR.
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 37-1479167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWE, JOSCELYN
1109 BLOSSOM CIR.
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LOWE, JOSCELYN	
Address:	1109 BLOSSOM CIR.	
City-St-Zip:	LAKELAND, FL 33805	
Title:	VP	( ) Delete
Name:	LOWE, THERESA	
Address:	1109 BLOSSOM CIR.	
City-St-Zip:	LAKELAND, FL 33805	
Title:	S	( ) Delete
Name:	MCPHERSON, DIANNE	
Address:	2220 EAST FIRN STREET	
City-St-Zip:	TAMPA, FL 33610 US	
Title:	T	( ) Delete
Name:	GULLEY, CALVIN, SR.	
Address:	721 EAST PONDEROSA DRIVE	
City-St-Zip:	LAKELAND, FL 33810 US	
Title:	D	( ) Delete
Name:	KELLUM, MAXINE	
Address:	2117 ELIZABETH STREET	
City-St-Zip:	LAKELAND, FL 33815	
Title:	D	( ) Delete
Name:	BURGESS, CHARLOTTE	
Address:	1148 NORTH STELLA AVENUE	
City-St-Zip:	LAKELAND, FL 33805	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: CHARLOTTE BURGESS D 01/20/2008

Electronic Signature of Signing Officer or Director — Date