

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000991

FILED  
Aug 31, 2007  
Secretary of State

Entity Name: CYNTHIA P. ROBERTS MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

7363 CHELSEA HARBOUR  
ORLANDO, FL 32829

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 581113  
ORLANDO, FL 32858

**New Mailing Address:**

FEI Number: 34-2032022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

ROBERTS, MICHAEL J.  
7363 CHELSEA HARBOUR DR  
ORLANDO, FL 32858      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: D      ( ) Delete  
Name: PENDER-ROBERTS, CYNTHIA  
Address: 7363 CHELSEA HARBOUR DR  
City-St-Zip: ORLANDO, FL 32828

Title: D      ( ) Delete  
Name: ROBERTS, MICHAEL J.  
Address: 7363 CHELSEA HARBOUR DR  
City-St-Zip: ORLANDO, FL 32829

Title: D      ( ) Delete  
Name: COOPER, KAROLYN F.  
Address: 10236 DYLAN STRET #227  
City-St-Zip: ORLANDO, FL 32825

**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:

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: CYNTHIA P. ROBERTS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CPR

08/31/2007

\_\_\_\_\_ Date