


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90021 021 ****61.25

DOCUMENT # N06000007457					
1. Entity Name MUSTARD SEED OF FLAGLER COUNTY, INC.					
Principal Place of Business 1526 N. DAYTONA AVE. FLAGLER BEACH, FL 32136		Mailing Address 4526 N. DAYTONA AVE. FLAGLER BEACH, FL 32136 <i>7701 BAYMEADOWS CIRCLE W. #1151 JAX. FL. 32256</i>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>7701 BAYMEADOWS C.R.W. #1151</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>JAX. FL.</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <i>none</i> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<i>32256</i>		<i>USA</i>		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		
MISIAK, NANCY 7701 BAY MEADOWS CIRCLE WEST, UNIT 1151 JACKSONVILLE, FL 32256			Name <i>N/a</i>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMARGE, JAMES	NAME	<i>N/a</i>		
STREET ADDRESS	17 SERGEANT CT	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32164	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISIAK, NANCY	NAME	<i>N/a</i>		
STREET ADDRESS	7701 BAY MEADOWS CIR. WEST, UNIT 1151	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MISIAK, RICHARD	NAME	<i>N/a</i>		
STREET ADDRESS	7701 BAY MEADOWS CIR. WEST, UNIT 115	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32256	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			
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>Nancy W. Misiak</i>			Date: <i>4-18-07</i> Daytime Phone #: <i>904-334-2199</i>		

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