2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008
Secretary of State

DOCUMENT# N27377

Entity Name: LARRY MCFADDEN MINISTRIES, INC.

Current Principal Place of Business:

625 LAKE HARBOR CIRCLE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 568545
ORLANDO, FL 32856 US

New Mailing Address:

FEI Number: 59-2905071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCFADDEN, LARRY
625 LAKE HARBOR CIRCLE
ORLANDO, FL 32809 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:	MCFADDEN, LARRY	
Address:	625 LAKE HARBOR CIRCLE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	DT	( ) Delete
Name:	MCFADDEN, TERESA K.,	
Address:	625 LAKE HARBOR CIRCLE	
City-St-Zip:	ORLANDO, FL 32809	
Title:	D	( ) Delete
Name:	ADAMSON, JERRY	
Address:	726 CENTRAL FL. PKWY.	
City-St-Zip:	ORLANDO, FL 32824	
Title:	DV	( ) Delete
Name:	MCFADDEN, J.N.,	
Address:	1215 LAKEVIEW CIRCLE	
City-St-Zip:	GREER, SC	
Title:	DV	( ) Delete
Name:	ALBERT, BILL	
Address:	4508 HAYLOCK DRIVE	
City-St-Zip:	ORLANDO, FL	
Title:	DC	( ) Delete
Name:	ROBERTS, BOB	
Address:	5168 FAIRWAY OAKS DR.	
City-St-Zip:	WINDERMERE, FL	

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: LARRY MCFADDEN P 01/23/2008

Electronic Signature of Signing Officer or Director — Date