2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50840

1. Entity Name
DEERFIELD BEACH MINISTRIES, INC

Principal Place of Business	Mailing Address
160 SE 2ND STREET	160 SE 2ND STREET
DEERFIELD BEACH, FL 33441 US	DEERFIELD BEACH, FL 33441 US

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	01262008 Chg-NP CR2E037 (12/06)
City & State	City & State	**4.** FEI Number 59-2370066 — Applied For / Not Applicable
Zip / Country	Zip / Country	**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
CARTY, GASTON 6520 SW 7TH COURT POMPANO BEACH, FL 33069	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$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 T NAME STRACHAN, ALPHONSO STREET ADDRESS 1271 NE 39TH STREET CITY-ST-ZIP POMPANO BEACH, FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MULLINGS, MOSES STREET ADDRESS 3696 VICTORIA RD CITY-ST-ZIP WEST PALM BEACH, FL 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME HAMILTON, SHEILA STREET ADDRESS 200 NE 27TH AVE CITY-ST-ZIP BOYNTON BEACH, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME BROWN, RADLEY STREET ADDRESS 1903 NW 77 AVE CITY-ST-ZIP MARGATE, FL	☒ Delete	TITLE NAME Gesner Joseph STREET ADDRESS 4730 SW 13th Court CITY-ST-ZIP Deerfield Beach, fL 33442	☒ Change ☒ Addition
TITLE T NAME WILLIAMS, THELMA STREET ADDRESS 1440 NE 44TH CT CITY-ST-ZIP POMPANO BEACH, FL 33064	☒ Delete	TITLE NAME Wilfred Stewart STREET ADDRESS 11605 NW 28th Street CITY-ST-ZIP Coral Springs, FL 33065	☒ Change ☒ Addition
TITLE D NAME CARTY, GASTON STREET ADDRESS 6520 S.W. 7TH STREET CITY-ST-ZIP N. FT. LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _Sheila Hamilton_   1-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #