## 2008 NOT-FOR-PROFIT CORPORATION

## Jan 11, 2008 8:00 am Secretary of State **ANNUAL REPORT** 01-11-2008 90072 028 \*\*\*\*70.00 **DOCUMENT # N96000000936** 1. Entity Name I AM MINISTRIES, INC. 400V Principal Place of Business Mailing Address P.O. BOX 2458 1015 COMMERCE AVE VERO BEACH, FL 32961-2458 US VERO BEACH, FL 32960 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3354241 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KING, TOM Street Address (P.O. Box Number is Not Acceptable) 5525 16TH ST VERO BEACH, FL 32966 Zip Code FL 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. Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. BOARD MEMBER LEC BRUBAKER 33.76 15 LANC DST TITLE Delete IME ☐ Change Addition SCHORNER, JAMES NAME NAME 150 CAMILIA CT STREET ADDRESS STREET ADDRESS VERO BEACH, FL VERO BEACH, FL 32963 CITY-ST-ZIP CITY-ST-ZIP *3*2968 BOARD MEMBER JIM CROCKETT 81 PASSAGE ISLAND Addition DP TITLE ☐ Change De lete TITLE KING, TOM NAME NAME STREET ADDRESS 5525 16TH ST STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP Vero Beach, FL CITY-ST-ZIP 32963 BOARD MEMBER TITLE Addition TOLE ☐ Delete ☐ Chance JAMES BAIRD **BECKLEY, JAMES** NAME NAME 1020 11th PIACE #1 1864 WILDCAT CAUL STREET ADDRESS STREET ADDRESS BOARD MEMBER 32960 CITY-ST-ZIP NORTH HUTCHINSON ISLAND, FL. 34949 CITY-ST-ZIP TITLE DMB ☐ Delete TITLE ☐ Change **L** Addition ADAMS, BRIAN BATES, JON NAME NAME 2055 Spring PLACE STREET ADDRESS 380 MARBRISA DR. STREET ADDRESS FL 32963-9593 INDIAN RIVER SHORES, FL 32963 CITY-ST-ZIP CITY-ST-ZIP Veno Beach, TITLE DC ☐ Delete TITLE ☐ Change ☐ Addition COLKITT, JAY NAME NAME STREET ADDRESS STREET ADDRESS 860 11TH ST CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ☐ Addition VANVYNCKT, PHILIP NAME NAME STREET ADDRESS 951 OLD DIXIE HWY STREET ADORESS

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.

CITY-ST-ZIP

SIGNATURE:

VERO BEACH, FL 32960

CITY-ST-ZIP

I Km Mms 170mas K SIGNATURE AND TYPED OR PRINTED NAME

01/07/08 772-978-0601

**FILED**