

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
Secretary of State**

DOCUMENT# N97000001341

Entity Name: SMILEY PAPENFUS REVIVAL MINISTRIES, INC.

Current Principal Place of Business:

15322 VIREOGLLEN PLACE
LITHIA, FL 33547 US

New Principal Place of Business:

Current Mailing Address:

15322 VIREOGLLEN LN
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 59-3421808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAPENFUS, MARLENE B
15322 VIREOGLLEN PLACE
LITHIA
LITHIA, FL 33547 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: PAPENFUS, SMILEY
Address: 15322 VIREOGLLEN PL
City-St-Zip: LITHIA, FL 33547 US

Title: D () Delete
Name: PAPENFUS, MARLENE
Address: 15322 VIREOGLLEN
City-St-Zip: VALRICO, FL 33547 US

Title: T () Delete
Name: BROOKS, GEORGE
Address: 1412 POPE PLACE
City-St-Zip: LUTZ, FL 33594

Title: T (X) Delete
Name: WILSON, RICK
Address: 225 N. DOVER RD
City-St-Zip: DOVER, FL 33527

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STEVEN MCCORY,
Address: 104 CAMELOT RIDGE
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE B PAPENFUS

D

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date