

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003074

1. Entity Name
DAVID MAGIE MINISTRIES, INC.



Principal Place of Business
7790 SW 63RD AVE RD
OCALA, FL 34476 US

Mailing Address
PO BOX 772255
OCALA, FL 34477 US



04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3461080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGIE, DAVID B
7790 SW 63RD AVE RD
OCALA, FL 33476

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAGIE, DAVID B
STREET ADDRESS	7790 SW 63RD AVE RD
CITY-ST-ZIP	OCALA, FL 34476
TITLE	VPD
NAME	MAGIE, ETHEL R
STREET ADDRESS	7790 SW 63RD AVE RD
CITY-ST-ZIP	OCALA, FL 34476
TITLE	TD
NAME	MAGIE, JOHN M
STREET ADDRESS	603 HERITAGE PARK COURT
CITY-ST-ZIP	VALRICO, FL 33594

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05/08/08-80059-002 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/18/08 (352) 854-9234