2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

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Entity Name: S.B.N.A. MINISTRIES, INC.

Current Principal Place of Business:

420 NE 142ND STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

420 NE 142ND STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0967322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DESLANDES, LUNA M
420 NE 142 STREET
NORTH MIAMI, FL 33161 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: CD ( ) Delete
Name: JOSPEH, GUETIE
Address: 14825 NE 5TH AVE
City-St-Zip: MIAMI, FL 33161

Title: VCD ( ) Delete
Name: JEROME, MARIE JOSE
Address: 4011 KINGS HWY #1-B
City-St-Zip: BKLYN, NY 11234

Title: SA ( ) Delete
Name: MOMPLAISIR, MARIE CARMEL
Address: 20310 NE 12 COURT
City-St-Zip: MIAMI, FL 33179

Title: ST ( ) Delete
Name: JEANTY, MARIE JOSEE
Address: 550 NE 162ND STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: PDD ( ) Delete
Name: MATTHIEU, TECHELINE
Address: 120 NE 59 ST.
City-St-Zip: MIAMI, FL 33137

Title: PD ( ) Delete
Name: PHANORD, RUBEN
Address: 420 NE 142ND STREET
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change ( ) Addition
Name: OMEGA, ROUDIE G
Address: 8465 PHOENICIAN CT
City-St-Zip: DAVIE, FL 33328

Title: AD (X) Change ( ) Addition
Name: ABDIAS, TIDA
Address: 2062 NE 162 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

Title: PROD (X) Change ( ) Addition
Name: MATTHIEU, TECHELINE
Address: 120 NE 59 ST.
City-St-Zip: MIAMI, FL 33137

Title: LT (X) Change ( ) Addition
Name: MCFADDEN, RONNIE
Address: 445 NE 142 STREET
City-St-Zip: MORTH MIAMI, FL 33161

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: LUNA M DESLANDES P 02/05/2007

Electronic Signature of Signing Officer or Director — Date