

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16140

FILED  
Aug 24, 2007  
Secretary of State

Entity Name: ALDRIDGE FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

1530 WOODCROFT DR.  
FORT MILL, SC 29708 US

**New Principal Place of Business:**

**Current Mailing Address:**

1530 WOODCROFT DR.  
FORT MILL, SC 29708 US

**New Mailing Address:**

FEI Number: 59-2734013      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GORDON, THERESA A  
1630 VINTAGE STREET  
KISSIMMEE, FL 34746 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: DP ( ) Delete  
Name: ALDRIDGE, SILAS B.,  
Address: RT 2 BOX 308L  
City-St-Zip: WAYCROSS, GA 31503

Title: VSTD ( ) Delete  
Name: ALDRIDGE, RONALD, B,  
Address: 1530 WOODCROFT DR.  
City-St-Zip: FT. MILL, SC 29708

Title: D ( ) Delete  
Name: JOHNSON, BOB,  
Address: 3227 WISEMAN DRIVE  
City-St-Zip: CHARLOTTE, NC 28227

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RONALD B. ALDRIDGE

VSTD

08/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date