2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State
03-26-2007 90048 033 ****61.25

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1. Entity Name
AURORA MINISTRIES, INC.

Principal Place of Business	Mailing Address
12705 ST. RT. 64 E. BRADENTON, FL 34212 US	P.O. BOX 621 BRADENTON, FL 34206 US

03012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 23-7178299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$3.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALEPPO, JOSEPH A. 12705 ST. RT. 64 E. BRADENTON, FL 34212	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIKE, JAMES E 12705 ST RT, 64 E BRADENTON, FL 34212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEPPO, GEORGIA R. 12705 ST. RT. 64 E. BRADENTON, FL 34212	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, SANNA B. 12705 ST. RT. 64 E. BRADENTON, FL 34212	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARDY, CAREY 860 CAMERON VILLAGE DR. WINSTON-SALEM, NC 27103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ALEPPO, JOSEPH A 12705 ST RT 64, E BRADENTON, FL 34212	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRELOFF, STEVEN A. 1754 BELLEMEADE DR. CLEARWATER, FL 33755	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC JOHNSON, PHILLIP R 26506 ISABELLA PKWY SANTA CLARITA, CA 91351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC CALL, LARRY E. 2252 S. OLD DITCH RD. WARSAW, IN 46580	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARSONS, DAVID 20613 74th DR SE SNOHOMISH, WA 98296	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT PIERRE, RON A. 164 MALLARD CREEK RUN LAGRANGE, OH 44050-9802	☐ Change ☒ Addition

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: _____ 3/19/07 941-748-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #