2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737488

FILED Mar 23, 2007 Secretary of State

Entity Name: OLFORD MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ERDALE RD				
MEMPHIS	S, TN 381757800	US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX MEMPHIS	(757800 S, TN 381757800	US			
FEI Numbei	r: 23-7154628	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
802 11TH	K, ROBERT G. IST. WEST TON, FL 34205	US			
	e named entity su te of Florida.	ıbmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	ORS:		SES TO OFFICERS AND DIRECTORS	
Title: Name: Address:	ASD () CAMPBELL, J A 2211 HEATHLAN	Delete BARTON, D DR.		GES TO OFFICERS AND DIRECTORS () Change () Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ASD () C CAMPBELL, J A I 2211 HEATHLAN MIDLOTHIAN VA, P () C OLFORD, DAVID 3985 N BORDEA	Delete BARTON, D DR. Delete L, UX CREEK COVE	ADDITIONS/CHANC Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	ASD () CAMPBELL, J A 2211 HEATHLAN MIDLOTHIAN VA, P () COLFORD, DAVID 3985 N BORDEA MEMPHIS, TN 30 VCD () CE FISHER, HERBEI 2101 OREGON F	Delete BARTON, D DR. Delete L, UX CREEK COVE B115 Delete RT J JR PIKE STE 3300	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	
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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: AARON GURLEY S 03/23/2007