2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Apr 03, 2007 **DOCUMENT# 737488** Secretary of State

Entity Name: OLFORD MINISTRIES INTERNATIONAL, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

4000 RIVERDALE RD MEMPHIS, TN 381757800 US

Current Mailing Address: New Mailing Address:

P.O. BOX 757800 MEMPHIS, TN 381757800 US

FEI Number: 23-7154628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BLALOCK, ROBERT G. 802 11TH ST. WEST BRADENTON, FL 34205 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

ASD () Delete (X) Change () Addition CAMPBELL, J A BARTON, BAILEY, SCOTT MR. Name: Name:

2211 HEATHLAND DR. Address: 184 GILBERT AVE. Address: City-St-Zip: MIDLOTHIAN VA. City-St-Zip: MEMPHIS, TN 38106 US

Title: Title: (X) Change () Addition () Delete

OLFORD, DAVID L, Name: OLFORD, DAVID L DR. Name: Address: 3985 N BORDEAUX CREEK COVE Address: 3985 N BORDEAUX CREEK COVE

City-St-Zip: MEMPHIS, TN 38115 City-St-Zip: MEMPHIS, TN 38115

Title: VCD () Delete Title: VCD (X) Change () Addition FISHER, HERBERT J JR LAMB, JEFFREY MR Name: Name:

Address: 2101 OREGON PIKE STE 3300 Address: 37 NAPA VALLEY CIR.

City-St-Zip: LANCASTER, PA 17601 City-St-Zip: MADISON, MS 39110 (X) Change () Addition Title: SD () Delete Title: SD

Name: LAMB, JEFFREY Name: WHITED, TOMMY N DR 37 NAPA VALLEY CIR Address: Address: 940 COL. ARLINGTON RD. SUITE 109

City-St-Zip: MADISON, MS 39110 City-St-Zip: COLLIERVILLE, TN 38017 US

Title: () Delete Title: (X) Change () Addition HERR, JAMES MR. THOMPSON, WENDELL MR. Name: Name: 4000 RIVERDALE RD Address: P.O. BOX 300 Address:

NOTTINGHAM, PA 19362 City-St-Zip: City-St-Zip: MEMPHIS, TN 38115 US

Title: () Delete Title: () Change (X) Addition SCHMIDT, TRACY G MR. Name: Name: Address: Address: 450 SOUTH ORANGE AVE. ORLANDO, FL 32801 US City-St-Zip: City-St-Zip:

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: WENDELL THOMPSON **CFO** 04/03/2007

Electronic Signature of Signing Officer or Director

Date