2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007
Secretary of State

DOCUMENT# 740624

Entity Name: J.O. MCLEOD EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

2425 DEERWOOD LANE.
P O BOX 5147
ST. AUGUSTINE, FL 320855147

New Principal Place of Business:

2425 DEERWOOD LANE
LOT A4
ST. AUGUSTINE, FL 320855147

Current Mailing Address:

2425 DEERWOOD LANE.
P O BOX 5147
ST. AUGUSTINE, FL 320855147

New Mailing Address:

2425 DEERWOOD LANE.
LOT A4
ST. AUGUSTINE, FL 320855147

FEI Number: 59-1782729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

J.O. MCLEOD
2425 DEERWOOD LANE
ST. AUGUSTINE, FL 32085 US

Name and Address of New Registered Agent:

J.O. MCLEOD
2425 DEERWOOD LANE
LOT A4
ST. AUGUSTINE, FL 32085 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: _____ 01/23/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: DORCEY, RANDOLPH B
Address: P.O. BOX 07216
City-St-Zip: FT. MYERS, FL 33919

Title: STD ( ) Delete
Name: MCLEOD,GWEN S.,
Address: 2425 DEERWOOD LANE
City-St-Zip: ST. AUGUSTINE, FL

Title: PD ( ) Delete
Name: MCLEOD, J.O.
Address: 2425 DEERWOOD LANE
City-St-Zip: ST. AUGUSTINE, FL

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 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: GWEN S. MCLEOD STD 01/23/2007
Electronic Signature of Signing Officer or Director — Date