


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760423</b> 1. Entity Name DON NORMAN MINISTRIES, INC.	
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Principal Place of Business GENEVA SPRINGS CONDOMINIUMS 651 SE 28TH ST #12 MELROSE, FL 32666 US	Mailing Address P.O. BOX 813 MELROSE, FL 32666 US
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2159630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAND, DONALD O  
GENEVA SPRINGS CONDOMINIUMS  
651 SE 28TH STREET #12  
MELROSE, FL 32666

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORMAND, DONALD O GENEVA SPR. CO. 651 SE 28TH ST., #12 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORMAND, MICHAEL J. 209 SPRINGVIEW CT. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NORMAND, CYNTHIA B. GENEVA SPR. CO. 651 SE 28TH ST., #12 MELROSE, FL 32666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DESERE J 1435 LAKE MIST LANE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHMOND, FRANK G. 4225 NW 36TH ST GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593851  
01/25/07-80044-007 70.00

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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:** Don. Norman 1/22/07 (352) 475 1847  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #