2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 764664

Entity Name: ELIJAH BRYANT MINISTRIES, INC.

Current Principal Place of Business:

1806 NW 25TH AVENUE
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

7865 WEST HIGHWAY 40
LOT 170
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-2369580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRYANT, J E APOSTLE
1806 NW 25TH AVENUE
OCALA, FL 34475 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BRYANT, JULIUS E	
Address:	1806 NW 25TH AVENUE	
City-St-Zip:	OCALA, FL 34475	
Title:	VD	( ) Delete
Name:	BRYANT, SANDRA DIANN	
Address:	1806 NW 25TH AVENUE	
City-St-Zip:	OCALA, FL 34475	
Title:	STD	( ) Delete
Name:	YOUNG, BETHINE	
Address:	1806 NW 26TH AVENUE	
City-St-Zip:	OCALA, FL 34475	
Title:	MED	( ) Delete
Name:	SMITH, FRANK V	
Address:	2200 N.W. 30TH WAY	
City-St-Zip:	FT. LAUDERDALE, FL	
Title:	PID	( ) Delete
Name:	BROWN, LOLINDA	
Address:	1807 AUTUMN WOOD DRIVE	
City-St-Zip:	HOOVER, AL 35216	
Title:	APID	( ) Delete
Name:	WILLIAMS, SHERMAN	
Address:	3616 HAVEN VIEW CIRCLE	
City-St-Zip:	BIRMINGHAM, AL 35216	

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:	
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 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: JULIUS E. BRYANT PD 04/21/2008

Electronic Signature of Signing Officer or Director — Date