

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767930

FILED
May 10, 2007
Secretary of State

Entity Name: ROY HARTHERN MINISTRIES, INC.

Current Principal Place of Business:

1626 MAJESTIC OAK DRIVE
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1626 MAJESTIC OAK DRIVE
APOPKA, FL 32712

New Mailing Address:

800 GRAN PASEO DRIVE
ORLANDO, FL 32825

FEI Number: 59-2972278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARTHERN, ROY
1626 MAJESTIC OAK DRIVE
APOPKA, FL 32712 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: HARTHERN, ROY,
Address: 1626 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL

Title: SD () Delete
Name: HARTHERN, PAULINE,
Address: 1626 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: GREIFFENDORF, C.W.,
Address: 411 HACIENDA VILLAGE
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: MANERS, DOUG,
Address: 1054 ACEDEMY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: D () Delete
Name: KAHN, WILLIAM DR.,
Address: 3878 N LAKE ORLANDO PKWY
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARTHERN, ROY,
Address: 1626 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: SD (X) Change () Addition
Name: HARTHERN, PAULINE,
Address: 1626 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: D (X) Change () Addition
Name: GREIFFENDORF, C.W.,
Address: 411 LAVISTA DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D (X) Change () Addition
Name: MANERS, DOUG,
Address: 1280 MANCHESTER DR.
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change () Addition
Name: KAHN, WILLIAM DR.,
Address: 2224 BREAKS LANE
City-St-Zip: CHULUOTA, FL 32766 US

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: ROY HARTHERN

PD

05/10/2007

Electronic Signature of Signing Officer or Director

Date