2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2007 8:00 am Secretary of State **DOCUMENT #834436** 1. Entity Name **CONCERT MINISTRIES** 04-12-2007 90043 018 ***150.00 Principal Place of Business Mailing Address 1176 WINDSONG PO BOX 560026 40000000 ORLANDO, FL 32809 ORLANDO, FL 32856 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01232007 CR2E034 (12/06) City & State 4. FFI Number Applied For 36-2601218 Not Applicable 7'n Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ager 7. Name and Address of New Registered Agent **EULER, KEITH** 250 PALM PARK CIRCLE Street Address (P.O. Box Number is Not Acceptable) LONGWOOD, FL 32779 City Zip Code 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. Signature, lyoned or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME SPURR, THURLOW NAME STREET ADDRESS 1176 WINDSONG STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809 CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change Addition MAME **EULER. KEITH** NAME STREET ADDRESS 250 PALM PARK CIRCLE STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP Delete ☐ Chance ☐ Addition MLE MILE KUCK, PAUL NAME NAME STREET ADDRESS 2300 JET PORT DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO, FL ☐ Change ■ Addition TILLE ☐ Delete TILLE D NAME LYKE, DAVID MANG STREET ADDRESS STREET ADDRESS 3049 LAKEVIEW BLVD. CITY-ST-ZIP MONROE, MI CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition VD IME TITLE NAME SPURR, VICKI NAME STREET ADDRESS STREET ADDRESS 201 CATTAIL CT CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP ☐ Change ☐ Addition TILLE ☐ Delete m F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 js 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachnight part address, with all other like empowered. Q SIGNATURE:

ATHER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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