

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004883

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: PAROUSIA MINISTRIES, INC.

## Current Principal Place of Business:

5010 WESLEY DRIVE  
TAMPA, FL 33647

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 48285  
TAMPA, FL 336478285 US

## New Mailing Address:

FEI Number: 58-2232572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERSON, DAVID  
5010 WESLEY DRIVE  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

ROBERSON, MADIA W  
5010 WESLEY DRIVE  
TAMPA, FL 33647 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: MADIA W. ROBERSON

03/05/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: ROBERSON, DAVID  
Address: 5010 WESLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MRS. ( ) Delete  
Name: ROBERSON, MADIA W  
Address: 5010 WESLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: MRS. (X) Delete  
Name: BOGANS, KAREN T  
Address: 12444 LARGO DRIVE  
City-St-Zip: SAVANNAH, GA 31419

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROBERSON, MADIA W  
Address: 5010 WESLEY DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: SEC. (X) Change ( ) Addition  
Name: BOGANS, KAREN T  
Address: 12444 LARGO DR.  
City-St-Zip: SAVANNAH, GA 31419

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: MADIA W. ROBERSON

PRES

03/05/2007

Electronic Signature of Signing Officer or Director

Date