


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90090 007 ***158.75

DOCUMENT # F07000005155 1. Entity Name ADVENTURES IN FAITH MINISTRIES, INC.					
Principal Place of Business 1301 TRUMAN AVE APT 5 KEY WEST, FL 83040			Mailing Address 1301 TRUMAN AVE APT 5 KEY WEST, FL 83040		
2. Principal Place of Business - No P.O. Box # 312 VIRGINIA ST.		3. Mailing Address PO BOX 432121			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KEY WEST, FL		City & State BIG PINE KEY, FL		4. FEI Number 58-6084197	
Zip 33040		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name EVELYN B. DERRETH CP Street Address (P.O. Box Number is Not Acceptable) 312 VIRGINIA ST. City KEY WEST FL Zip Code 33040		
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 <u><i>Evelyn B. Derreth</i></u> EVELYN B. DERRETH, CP 16 APRIL 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP DERRETH, EVELYN B 1301 TRUMAN AVE APT 5 KEY WEST, FL 83040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCP LEWIS, EVELYN D 1301 TRUMAN AVE APT 5 KEY WEST, FL 83040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST DERRETH, RICHARD J REV 1301 TRUMAN AVE APT 5 KEY WEST, FL 83040	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
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 607, 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: <u><i>Richard J. Derreth</i></u> RICHARD J. DERRETH, DST 16 APRIL 08 305.395.2417 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					