

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000003970

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** MILTON BOONE MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

28944 HUBBARD ST. LOT #84  
LEESBURG, FL 34748 US

**New Principal Place of Business:**

**Current Mailing Address:**

28944 HUBBARD ST. LOT #84  
LEESBURG, FL 34748 US

**New Mailing Address:**

**FEI Number:** 73-1135800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOONE, DOROTHY E PST  
28944 HUBBARD ST. LOT #84  
LEESBURG, FL 34748 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: PST  
Name: BOONE, DOROTHY E MRS  
Address: 28944 HUBBARD ST. LOT #84  
City-St-Zip: LEESBURG, FL 34748 US

Title: V  
Name: BAKER, CARLETON H MR  
Address: 6086 CR 44A  
City-St-Zip: WILDWOOD, FL 34785 US

Title: SEC  
Name: BAKER, DOROTHY M MRS  
Address: 6086 CR 44A  
City-St-Zip: WILDWOOD, FL 34785 US

I hereby 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 all other like empowered.

SIGNATURE: DOROTHY E. BOONE

PST

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date