

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90033 001 ****61.25

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| DOCUMENT # N00000001460 | | | | | |
| 1. Entity Name MAJESTIC MINISTRIES, INC. | | | | | |
| Principal Place of Business 6100 DOGWOOD DR. MILTON, FL 32570 | | | Mailing Address 6100 DOGWOOD DR. MILTON, FL 32570 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3628991 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REVILL, BRENDA F 6871 CEDAR RIDGE CIRCLE MILTON, FL 32570 | | | 7. Name and Address of New Registered Agent Name Melissa K Evans Street Address (P.O. Box Number is Not Acceptable) 6631 Ridge Crest Dr City Milton FL Zip Code 32570 | | |
| 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>Melissa K Evans, Melissa K Evans</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>4/1/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P REVILL, BRENDA F 6871 CEDAR RIDGE CIRCLE MILTON, FL 32570 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C REVILL, CHARLES R 6871 CEDAR RIDGE CIRCLE MILTON, FL 32570 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ATTAWAY, LENA P.O. BOX 232 BAGDAD, FL 32530 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MILLER, NICOLE 9148 ALTON COURT MILTON, FL 32583 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EVANS, SCOTT 6631 RIDGE CREST DR. MILTON, FL 32570 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EVANS, MELISSA 6631 RIDGE CREST DR. MILTON, FL 32570 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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 617, 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>Melissa K Evans, Melissa K Evans</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <u>4/1/08</u> <u>8506267284</u> <small>Date Daytime Phone #</small> | | |