2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000001460 1. Entity Name MAJESTIC MINISTRIES, INC.							ary of St 90033 001 ****6		
Principal Place of Business Mailing Address 6100 DOGWOOD DR. 6100 DOGWOOD DR. MILTON, FL 32570 MILTON, FL 32570					1 (Paring) an Ce in		2011 22121 CON 21010 AND 20	साहित हो। साहत	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 _C	hg-NP	CR2E037 (12/06)			
City & State		City & State			4. FEI Number 59-362899	91) 	oplied For	
Zip	Zip Country Zip		Country		5. Certificate of S	tatus Desired	S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
REVILL, BRENDA F			Name	Melissa K Evans					
6871 CEDAR RIDGE CIRCLE MILTON, FL 32570			Street A	Street Address (P.O. Box Number is Not Acceptable) 6631 Ridge Crest Dr					
				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 MULICAL COMPANIENCE Agent and tible of applicable. (NOTE: Registered Agent airgusture required when rematating) DATE									
Filing Fee is \$61.25 Due by May 1, 2008			and desired to the second second	and recioned	ent mar (constitution 177)		DATE		
	-	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ike check payable t da Department of S		
10.	-	Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Florid	ike check payable to da Department of S	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2008	Trust Fund Co	paign Financing ntribution.	125	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Floring Florin	tke check payable to da Department of S	tate	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P REVILL, BRENDA F 6871 CEDAR RIDGE CIRCLE MILTON, FL 32570 C	Trust Fund Co	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	125	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Floring Florin	tke check payable to da Department of S	tate	
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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:

MolioalGear Melissak Evans

<u>411/08</u>

8506267284

Daytime Phone