

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000002036

1. Entity Name
CLARENCE RAY MINISTRIES, INC.



Principal Place of Business
2760 SW 4TH STREET
FT LAUDERDALE, FL 33312

Mailing Address
2760 SW 4TH STREET
FT LAUDERDALE, FL 33312

DO NOT WRITE IN THIS SPACE



02232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANLEY, MERCEDA
2760 SW 4TH STREET
FT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5:00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | STANLEY, MERCEDA |
| STREET ADDRESS | 2760 SW 4TH STREET |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33312 |
| TITLE | VD |
| NAME | SUTTON, DOROTHY |
| STREET ADDRESS | 3341 NW 15TH PLACE |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33311 |
| TITLE | TSD |
| NAME | SUTTON, BRIAN |
| STREET ADDRESS | 2760SW 4TH ST. |
| CITY-ST-ZIP | FT LAUDERDALE, FL 33312 |
| TITLE | C |
| NAME | PARHAM, BRENDA CHAIR |
| STREET ADDRESS | 911 NW 1TH COURT |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33311 |
| TITLE | C |
| NAME | RAY, BRUCE CHAIR |
| STREET ADDRESS | 911 NW 5H COURT |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33311 |
| TITLE | D |
| NAME | RAY JR., CLARENCE DIR |
| STREET ADDRESS | 911 NW 5TH COURT |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33311 |

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03/29/07-80023-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #