

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

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000002199	
1. Entity Name GERALD DOGGETT MINISTRIES, INC.	

Principal Place of Business 2290 LAKE MARION DR. APOPKA, FL 32712	Mailing Address P.O. BOX 608091 ORLANDO, FL 32860
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-2520151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DOGGETT, GERALD  
 2290 LAKE MARION DR.  
 APOPKA, FL 32712

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

**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	DOGGETT, HENRY G
STREET ADDRESS	2290 LAKE MARION DR.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VD
NAME	DOGGETT, DORIS L
STREET ADDRESS	2290 LAKE MARION DR.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	STD
NAME	KLEFFEL, SUMMER
STREET ADDRESS	2290 LAKE MARION DR.
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000658489  
 03/15/07-80041-012 61.25

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 address, with all other like empowered.

SIGNATURE: *Gerald Doggett* Date: 3-5-07 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR