

**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**



01092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2520151**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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

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03/15/07-80041-012 61.25

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IN THIS SPACE**

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 my address, with all other like empowered.

**SIGNATURE:**

*Gerald Doggett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-5-07*  
Date

Daytime Phone #