2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **FILED** Feb 15, 2008 08:00 AN Secretary of State **DOCUMENT # N00000002199** 1. Entity Name GERALD DOGGETT MINISTRIES, INC. Principal Place of Business Mailing Address 2290 LAKE MARION DR. P.O. BOX 608091 APOPKA, FL 32712 ORLANDO, FL 32860 02122008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2520151 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DOGGETT, GERALD 2290 LAKE MARION DR. APOPKA, FL 32712 IN THIS SPACE d 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 2-13-08 DATE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust-Fund Contribution: Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE PD NAME DOGGETT, HENRY G STREET ADDRESS 2290 LAKE MARION DR. CITY-ST-ZIP APOPKA, FL 32712 U000000829560 TITLE VD 02/26/08-80047-001 61.25 DOGGETT, DORIS L STREET ADDRESS 2290 LAKE MARION DR. CITY-ST-ZIP APOPKA, FL 32712 TITLE NAME KLEFFEL, SUMMER STREET ADDRESS DO NOT WRITE 2290 LAKE MARION DR. CITY-ST-ZIP APOPKA, FL 32712 IN THIS SPACE STREET ADDRESS CHY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

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 indicated on this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: ___

changed, or on an attachment with

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13.08

te Daytime Phone #