

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

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005146	
1. Entity Name FAMILY TREE MINISTRIES, INC.	
Principal Place of Business 17626 94TH ST. N LOXAHATCHEE, FL 33470	Mailing Address 17626 94TH ST. N LOXAHATCHEE, FL 33470



04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1030629	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MORAL, NANCY L
17626 9TH ST. N
LOXAHATCHEE, FL 33470**

**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	MORAL, ROBERT D
STREET ADDRESS	17626 94TH ST N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	VD
NAME	CHRZAN, MICHAEL A
STREET ADDRESS	17626 94TH ST N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	STD
NAME	MORAL, NANCY L
STREET ADDRESS	17626 94TH ST N
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	RADOVICH, ERIC
STREET ADDRESS	611 NW 108 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	HELEWSKI, BOB
STREET ADDRESS	1840 S.W. 3RD AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D
NAME	FALES, STEVE H
STREET ADDRESS	15715 S W 7 PLACE
CITY-ST-ZIP	SUNRISE, FL 33326

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04/25/07-80004-008 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 an address, with all other like empowered.

SIGNATURE:

Nancy Moral
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 561-721-8683
Date Daytime Phone #