2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# N00000005273

Entity Name: SPECIAL PEOPLE'S MINISTRIES OF FLORIDA, INC.

Current Principal Place of Business:

3016 NE 2ND AVE
CAPE CORAL, FL 33909 68

New Principal Place of Business:

Current Mailing Address:

3016 NE 2ND AVE
CAPE CORAL, FL 33909 68

New Mailing Address:

FEI Number: 65-1042297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDGETT, HENRY A REV.
3016 NE 2ND AVE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MIDGETT, HENRY A REV.
Address: 3016 NE 2ND AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: VPD ( ) Delete
Name: MIDGETT, MARY C
Address: 3016 NE 2ND AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: TD ( ) Delete
Name: MIDGETT, MARY C
Address: 3016 NE 2ND AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: DIR ( ) Delete
Name: SWEET, LURLINE
Address: 122 LELAND ST SW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DIR ( ) Delete
Name: RANGER, JOHN
Address: 11254 SW WELCH AVE
City-St-Zip: ARCADIA, FL 34266

Title: SEC ( ) Delete
Name: VARNER, MARILYN
Address: 2200 PUTTER LANE
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. HENRY A MIDGETT PD 03/30/2007

Electronic Signature of Signing Officer or Director — Date