2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005803

Entity Name: EFFECTIVE FATHER MINISTRIES, INC.

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business:		New Princi	New Principal Place of Business:		
7720 VENT	-				
Current Mailing Address:			New Mailir	New Mailing Address:	
SUITE 300	OWARD BLVD DERDALE, FL				
FEI Number:	65-1038783	FEI Number Applied For ()	El Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1401 E. BR SUITE 300 FORT LAU		333012116 US			
The above in the State		ubmits this statement for the purp	ose of changing it	s registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () C REAM, JOHN K 7720 VENTURA L PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () EREAM, RITA M 7720 VENTURA E PARKLAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () E WASSERMAN, W 2910 NW 113TH SUNRISE, FL 33	AVE.	Title: Name: Address: City-St-Zip:	STD (X) Change () Addition WASSERMAN, WILLIAM L 11880 TRAIL CT. PARKER, CO 80134	
Title: Name: Address: City-St-Zip:	D () E APPLEGATE, RC 7060 N.W. 20TH FORT LAUDERD	STREET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition APPLEGATE, ROBERT 3430 GALT OCEAN DR. FORT LAUDERDALE, FL 33308	
Title: Name: Address: City-St-Zip:	D () E HANIFIN, WILLIA 5011 N.E. 23RD LIGHTHOUSE PO	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E GODUTI, DAVID 4991 KINGSTON NAPLES, FL 341		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GODUTI, DAVID 7086 SUGAR MAGNOLIA CIRCLE NAPLES, FL 34109	

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: JOHN K.REAM PD 03/16/2007