2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006123

Entity Name: N. DUANE ARNOLD MINISTRIES, INC.

FILED Sep 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4965 91ST AVE. N 6850 VERSAILLES

PINELLAS PARK, FL 33781 US

PINELLAS PARK, FL 33782

New Mailing Address: Current Mailing Address:

PO BOX 918 PO BOX 918

PINELLAS PARK, FL 33780 PINELLAS PARK, FL 33780 US

FEI Number: 59-3671028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, N. DUANE DR ARNOLD, N. DUANE DR 4965 91ST AVE. N 6850 VERSAILLES

US PINELLAS PARK, FL 33781

PINELLAS PARK, FL 33782 US

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: 09/01/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ARNOLD, N. DUANE DR ARNOLD, N. DUANE DR Name: Name:

4965 A 91ST AVE. N. Address: 6850 VERSAILLES Address:

City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33781 US

(X) Change () Addition Title: () Delete Title: ARNOLD, DARIUS D Name: ARNOLD, DARIUS D Name:

Address: 11239 OYSTER BAY CIRCLE Address: 11239 OYSTER BAY CIRCLE City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: () Delete Title: (X) Change () Addition

DEGREGORIO, BETTY C Name: DEGREGORIO, BETTY C Name: 4255 CHESTNUT WALK 2141 BOYCE CIRCLE Address: Address: City-St-Zip: MARIETTA, GA 30066 City-St-Zip: MARIETTA, GA 30066 US

(X) Change () Addition Title: TD () Delete Title: TD

HEATON, LORA M Name: HEATON, LORA M Name: Address: 4975 A 91ST AVE. N. Address: 4975 A 91ST AVE. N.

City-St-Zip: PINELLAS PARK, FL 33782 City-St-Zip: PINELLAS PARK, FL 33782 US

I hereby certify that the information supplied with this filing does not qualify 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: DR N DUANE ARNOLD **PRES** 09/01/2007