


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90093 025 \*\*\*\*61.25

<b>DOCUMENT # N00000007188</b>		
1. Entity Name DYING TO LIVE IN CHRIST MINISTRIES, INC.		

Principal Place of Business 3870 NW 6TH WAY FORT LAUDERDALE, FL 33319	Mailing Address P.O. BOX 190114 FORT LAUDERDALE, FL 33319
---	---

40076334



2. Principal Place of Business - No P.O. Box # 17300 NW 37th Court Suite, Apt. #, etc.	3. Mailing Address 17300 NW 37th Court Suite, Apt. #, etc.
--	--

04132007 Chg-NP CR2E037 (12/06)

City & State Miami Gardens, Florida Zip 33055 Country FLA	City & State Miami Gardens, Florida Zip 33055 Country USA
--	--

4. FEI Number 65-1078994	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEWBERRY, DONNA ESQ. 3870 NW 67TH WAY FORT LAUDERDALE, FL 33319	7. Name and Address of New Registered Agent Name: DONNA DEWBERRY, ESQ. (Change of address) Street Address (P.O. Box Number is Not Acceptable): 17300 NW 37th Court City: MIAMI GARDENS, FL Zip Code: 33055
--	---

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: Donna Dewberry - Donna Dewberry DATE: 04/21/07

Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEWBERRY, WILLIAM H JR 3870 NW 6TH WAY FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dewberry, William H. Jr. 17300 NW 37th Court MIAMI GARDENS, FL 33055 <input checked="" type="checkbox"/> Change of address only <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEWBERRY, DONNA T 3870 NW 67TH WAY FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Dewberry, Donna T. 17300 NW 37th Court MIAMI GARDENS, FL 33055 <input checked="" type="checkbox"/> Change of address only <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SURRANCY, RACHELLE T 12773 SW 204TH LANE MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donna J. Dewberry - Donna T. Dewberry (Secretary) DATE: 04/21/07 (954) 579-2955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR