

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007485	
1. Entity Name R.W. MCGHEE MINISTRIES, INC.	

Principal Place of Business 619 S. CAROLINA AVE. COCOA FL 32922	Mailing Address P. O. BOX 962 COCOA FL 32923
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 59-3684900	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGHEE, RANDOLPH W 619 S. CAROLINA AVE. COCOA FL 32922	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MCGHEE, RANDOLPH W 619 S CAROLINA AVE COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MCGHEE, TYREEL 619 S CAROLINA AVE COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCGHEE, SARAH D 619 S CAROLINA AVE COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DAVIS, TRACY E 619 S CAROLINA AVE COCOA FL 32922 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BERRY, LASHAUNDRA D 7700 GREENBORO DR., APT 5 MELBOURNE FL 32904-1407 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000347485 06/02/08-80016-015 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Randolph W McGhee **Randolph W McGhee** **5-3-08**