2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007725

441 SW 22ND TERR

FT. LAUDERDALE, FL 33312

Address:

City-St-Zip:

Entity Name: MARCIA DAVIS MINISTRIES, INC

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3451 BERKELEY BLVD. FORT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** PO BOX 8886 LAUDERHILL, FL 33310 FEI Number: 65-1076621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, MARCIA 5961 NW 15TH ST SUNRISE, FL 33313 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DAVIS, MARCIA Name: Name: 5961 NW 15TH ST Address: Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: DAVIS, RALSTON Name: Address: 5961 NW 15TH ST Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, MARJORIE Name: Name: 4200 NW 42ND AVE Address: Address: City-St-Zip: LAUDERDALE LAKES, FL 33319 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCNEIL, EVELYN Name: 9841 SUNRISE LAKES BLVD, BLDG 149 Address: Address: City-St-Zip: SUNRISE, FL 33322 City-St-Zip: Title: Title: () Delete () Change () Addition BROWN-MANNINGS, VERA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MARCIA DAVIS PRES 04/17/2007