2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2007
Secretary of State

DOCUMENT# N01000000610

Entity Name: ONE ACCORD MINISTRIES, INC.

Current Principal Place of Business:

P.O.BOX 512817
PUNTA GORDA, FL 339512817

New Principal Place of Business:

2194 BAYOU RD
PUNTA GORDA, FL 33950

Current Mailing Address:

2194 BAYOU RD
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1074714 **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:

WYNNE-LANSING, PATRICIA A
2194 BAYOU RD
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: WYNNE-LANSING, PATRICIA
Address: 2194 BAYOU RD
City-St-Zip: PUTA GORDA, FL 33950

Title: D ( ) Delete
Name: GABARDA, ANTONIO
Address: 4501 COLLEEN ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: LANSING, PAUL
Address: 2194 BAYOU RD
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: MURPHY, DIANE M
Address: 4022 BEAVER LN #200C
City-St-Zip: PORT CHARLOTTE, FL 339529244

Title: D ( ) Delete
Name: HAMILTON, CAROLYN
Address: 499 SORRENTO COURT
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PATRICIA A. WYNNE-LANSING D 07/06/2007
Electronic Signature of Signing Officer or Director — Date