

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 032 *****70.00

DOCUMENT # N01000003697 1. Entity Name THE REMNANT SEED MINISTRIES, INC.					
Principal Place of Business 21202 OLEAN BLVD. UNIT B1 & B6 PORT CHARLOTTE, FL 33952			Mailing Address 1481 KENMORE ST PORT CHARLOTTE, FL 33952		
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	4. FEI Number 65-1078556	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVILA, JOSE N 1481 KENMORE ST PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	SD	<input type="checkbox"/> Delete	TITLE	5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDBACK, KATHY		NAME	LINDBACK, KATHY	
STREET ADDRESS	2240 LION TR		STREET ADDRESS	2240 LION TERRACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINRICH, STACI		NAME	WEINRICH, STACI	
STREET ADDRESS	21060 MALDEN AVE		STREET ADDRESS	21060 MALDEN AVE.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDBACK, CHARLES		NAME	JODY DAVILA	
STREET ADDRESS	2240 LION TR		STREET ADDRESS	1481 KENMORE ST.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	PITTS, WILLIAM	
STREET ADDRESS			STREET ADDRESS	876 BOUNDARY BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	ROTONDA WEST, FL 33947	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RODRIGUEZ, ROGER	
STREET ADDRESS			STREET ADDRESS	541 E. TARPON BLVD.	
CITY-ST-ZIP			CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Staci Weinrich</u> <u>Staci Weinrich</u> <u>1-16-08</u> <u>941-815-2122</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					