## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003862

FILED Jul 14, 2007 Secretary of State

Entity Name: EQUIPPING MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

10437 HERITAGE FARMS RD LAKE WORTH, FL 33467 10437 HERITAGE FARMS RD LAKE WORTH, FL 33449

Current Mailing Address: New Mailing Address:

10437 HERITAGE FARMS RD LAKE WORTH, FL 33467 10437 HERITAGE FARMS RD LAKE WORTH, FL 33449

FEI Number: 65-1126928 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: Name and Address of New Registered Agent:

ASHCRAFT, WILLIAM E 2736 NE 19TH ST FT LAUDERDALE, FL 33305 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
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

## **OFFICERS AND DIRECTORS:**

Title:DP () DeleteTitle:DP (X) Change () AdditionName:WARREN, DONALD JName:WARREN, DONALD JAddress:10437 HERITAGE FARM RDAddress:10437 HERITAGE FARM RDCity-St-Zip:LAKE WORTH, FL 33467City-St-Zip:LAKE WORTH, FL 33449

Title: DVS () Delete Title: DVS (X) Change () Addition Name: WARREN, SUSAN K Name: WARREN, SUSAN K

Address: 10437 HERITAGE FARM RD Address: 10437 HERITAGE FARM RD City-St-Zip: LAKE WORTH, FL 33449

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ASHCRAFT, WILLIAM E
 Name:

 Address:
 2736 NE 19TH ST
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33305
 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: SUSAN K. WARREN DVS 07/14/2007