

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004856

FILED
May 17, 2007
Secretary of State

Entity Name: SCOTT DOWNING MINISTRIES, INC.

Current Principal Place of Business:

113 VINTAGE LANE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

113 VINTAGE LANE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 59-3732011 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:

DOWNING, SCOTT G
113 VINTAGE LANE
PALATKA, FL 32177 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:

Title: D () Delete
Name: DOWNING, SCOTT G
Address: 113 VINTAGE LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DOWNING, KAREN C
Address: 113 VINTAGE LANE
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: DOWNING, KRISTEN N
Address: 1945 SAVOY DRIVE APT. 3210
City-St-Zip: ATLANTA, GA 30341

Title: S () Delete
Name: EVANS, PATRICIA A
Address: 3429 BAINBRIDGE RD LOT J
City-St-Zip: PALATKA, FL 32177

Title: T () Delete
Name: CASH, SAM
Address: 1071 SUNNYSIDE DR
City-St-Zip: ATHENS, GA 30606

Title: D () Delete
Name: FINGER, RAY
Address: 822 ARNOLDS VILLE RD
City-St-Zip: WINTERVILLE, GA 30683

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:

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: KAREN C. DOWNING

D

05/17/2007

Electronic Signature of Signing Officer or Director

Date