2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# N01000005805

Entity Name: RESCUE ME MINISTRIES, INC.

Current Principal Place of Business:

4887 BLFORT RD
SUITE 201
JACKSONVILLE, FL 32256

New Principal Place of Business:

4887 BELFORT RD
SUITE 201
JACKSONVILLE, FL 32256

Current Mailing Address:

4887 BLFORT RD
SUITE 201
JACKSONVILLE, FL 32256

New Mailing Address:

4887 BELFORT RD
SUITE 201
JACKSONVILLE, FL 32256

FEI Number: 59-3742953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUNN, MARSHALL D JR
4887 BLFORT RD
SUITE 201
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

GUNN, MARSHALL D JR
4887 BELFORT RD
SUITE 201
JACKSONVILLE, FL 32256 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: 01/04/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GUNN, MARSHALL D JR.
Address: 4887 BELFORT RD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: GUNN, CHRIS W
Address: 4887 BELFORT RD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: GUNN, MARSHALL D III
Address: 4887 BELFORT RD, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256

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:

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: MARSHALL D GUNN JR D 01/04/2008
Electronic Signature of Signing Officer or Director — Date