2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N01000006472

1. Entity Name
ROBERT SCARALLO MINISTRIES, INC.

Principal Place of Business	Mailing Address
504 CHESTNUT STREET OLDSMAR, FL 34677	504 CHESTNUT STREET OLDSMAR, FL 34677

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04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3747548
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCARALLO, ROBERT
504 CHESTNUT STREET
OLDSMAR, FL 34677

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCARALLO, ROBERT
STREET ADDRESS	504 CHESTNUT STREET
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	SCARALLO, DEIDRE
STREET ADDRESS	504 CHESTNUT STREET
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	CAPUTO, ELISEO
STREET ADDRESS	504 CHESTNUT STREET
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	STEUER, MICHAEL E
STREET ADDRESS	2613 BELLHURST DR
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DEIDRE SCARALLO 4/26/07 813-855-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #