

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006472

FILED
Apr 30, 2008
Secretary of State

Entity Name: ROBERT SCARALLO MINISTRIES, INC.

Current Principal Place of Business:

504 CHESTNUT STREET
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

504 CHESTNUT STREET
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3747548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCARALLO, ROBERT
504 CHESTNUT STREET
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: SCARALLO, ROBERT
Address: 504 CHESTNUT STREET
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: SCARALLO, DEIDRE
Address: 504 CHESTNUT STREET
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: CAPUTO, ELISEO
Address: 504 CHESTNUT STREET
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: STEUER, MICHAEL E
Address: 2613 BELLHURST DR
City-St-Zip: DUNEDIN, FL 34698

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:

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: DEIDRE SCARALLO

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date