2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007618

FILED Jul 16, 2008 Secretary of State

Entity Name: CARVER HEIGHTS MINISTRIES, INC.

Current Principal Place of Business:	New Principal Place of Business:
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1111 W. LINE STREET LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

PO BOX 492722 LEESBURG, FL 34749

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SAYLOR, BRUCE A 907 WEBSTER STREET LEESBURG, FL 34748 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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 GIBBS, MCCOY REV. DR
 Name:
 HAY, CHARLES H REV.

 Address:
 1111 W. LINE STREET
 Address:
 1111 W. LINE STREET

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: TD () Delete Title: () Change () Addition

 Name:
 GORMAN, JOÉ
 Name:

 Address:
 1111 W. LINE STREET
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

 $\label{eq:title:SD} \textit{Title:} \qquad \textit{SD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{SD} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

 Name:
 GLASS, MARTHA
 Name:
 CREECH, LINDA MRS.

 Address:
 1111 W. LINE STREET
 Address:
 1111 W. LINE STREET

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:
 LEESBURG, FL 34748

Title: VP (X) Delete Title: () Change () Addition

 Name:
 HEY, CHARLES
 Name:

 Address:
 1111 W. LINE STREET
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 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: CHARLES H. HAY PRES 07/16/2008