2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008484

FILED Mar 28, 2008 Secretary of State

Entity Name: FROM BEHIND THE WALLS EVANGELISTIC MINISTRY, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RPORT BLVD), FL 32771				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2707 W. AIRPORT BLVD. SANFORD, FL 32771					
FEI Number:	59-3759744	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
RAMASSAR, CATHY 2707 W. AIRPORT BLVD. SANFORD, FL 32771 US					
	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Electron	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () RAMASSAR, CA 2707 W. AIRPO SANFORD, FL	RT BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RAMASSAR, BA 2707 W. AIRPO SANFORD, FL	RT BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WEBB, MARI J 3810 CYPRESS SANFORD, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () WYNN, LEOLA 168 COUNTRY (SANFORD, FL :		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TEMPLETON, JU 157 MAPLE DR. DEBARY, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CATHY RAMASSAR RA 03/28/2008