2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# N01000008815

Entity Name: STABLE MINISTRIES, INC.

Current Principal Place of Business:

7445 BLUEJACKET PLACE E
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

P O BOX 2418
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 56-2262150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLINE, AARON
7445 BLUE JACKET PLACE E
WINTER PARK, FL 32792 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: PD
Name: EDWARDS, DUANE
Address: 250 CLARKTOWN RD.
City-St-Zip: ROAN MOUNTAIN, TN 37687

Title: D
Name: OLIVIO, DAVID
Address: 9437 BELMONT TERRACE
City-St-Zip: OVIEDO, FL 327656175

Title: D
Name: KLINE, AARON
Address: 7445 BLUE JACKET PLACE E
City-St-Zip: WINTER PARK, FL 32792

Title: SD
Name: EDWARDS, LINDA
Address: 250 CLARKTOWN RD
City-St-Zip: ROAN MOUNTAIN, TN 37687

Title: D
Name: COOKSEY, LEE
Address: 713 FOX VALLEY DR
City-St-Zip: LONGWOOD, FL 32779

Title: T
Name: KLINE, KRISTEN O
Address: 7445 BLUE JACKET PLACE E
City-St-Zip: WINTER PARK, FL 32792

I hereby 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 all other like empowered.

SIGNATURE: LINDA H. EDWARDS SD 06/17/2010

Electronic Signature of Signing Officer or Director — Date