


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000000512	
1. Entity Name THE SPECTRUM NETWORK OF MINISTRIES INTERNATIONAL, INC.	

Principal Place of Business 6825 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34653	Mailing Address 6825 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34653
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**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 74-3028398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STRAYER, WILLIAM S  
6825 TROUBLE CREEK RD.  
NEW PORT RICHEY, FL 34653

**DO NOT WRITE  
IN THIS SPACE**

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 William S Strayer DATE 1-4-07

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000589203 01/18/07-80005-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAYER, WILLIAM S 8120 MOONLIGHT LANE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIERWORTH, DANIEL K 7345 ASMORE DR. NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, REBECCA J 9150 REMINGTON DR NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: William S Strayer 1-4-07 727 376-7733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #