

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

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# N02000003448

Entity Name: PASSAGE MINISTRIES, INC.

**Current Principal Place of Business:**

2020 N.E. 15TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 695  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 36-4491241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIX, GEORGE B JR.  
11503 N.W. 136TH STREET  
ALACHUA, FL 32615    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: PT                    ( ) Delete  
Name: DIX, GEORGE B JR.  
Address: 11503 N.W. 136TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: VT                    ( ) Delete  
Name: DIX, ROSALYN M  
Address: 11503 N.W. 136TH STREET  
City-St-Zip: ALACHUA, FL 32615

Title: STT                    ( ) Delete  
Name: HUTCHINSON, ORAN C  
Address: 3113 N.W. 53RD DRIVE  
City-St-Zip: GAINESVILLE, FL 32606

Title: T                      ( ) Delete  
Name: GRAHAM, HOLLIE  
Address: 618 SE 14TH TERR  
City-St-Zip: GAINESVILLE, FL 32641

Title: T                      ( ) Delete  
Name: CHISM, GERALD  
Address: 13306 NW 150TH AVE  
City-St-Zip: ALACHUA, FL 32616

**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:

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: GEORGE B. DIX

PT

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date