

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003527

FILED
May 01, 2008
Secretary of State

Entity Name: OATH MINISTRIES, INC.

Current Principal Place of Business:

8751 SW 10 ST.
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

3315 MUD LAKE ROAD
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 45-0477325 FEI Number Applied For () FEI Number Not Applicable () 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:

GALLIMORE, DANIEL G
3315 MUD LAKE ROAD
PLANT CITY, FL 33566 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALLIMORE, DANIEL G
Address: 3315 MUD LAKE ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: GALLIMORE, YVONNE G
Address: 8751 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: JACKSON, PAUL
Address: 8381 SW 23 TERRACE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: GILLINGS, CORNELIUS
Address: 7848 BILTMORE BLVD
City-St-Zip: MIRAMAR, FL 33023

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:

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: DANIEL G GALLIMORE

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date