2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007
Secretary of State

DOCUMENT# N02000005724

Entity Name: NORTH FLORIDA MINISTRY TRAINING INSTITUTE, INC.

Current Principal Place of Business:

10224 LEM TURNER ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10224 LEM TURNER ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 52-2371658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BING, LEON R
10224 LEM TURNER ROAD
JACKSONVILLE, FL 32218 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: P ( ) Delete
Name: BING, LEON R
Address: 11705 CHERRY BARK DR. E.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete
Name: BING, JANICE
Address: 11705 CHERRY BARK DR. E.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete
Name: GAYLE, TONICHIA L
Address: 4057 BESSENT ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete
Name: JOHNSON, FATIMA C
Address: 1953 RUGBY ROAD
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete
Name: SMITH, CHENITA R
Address: 2745 EGRET WALK TERRACE
City-St-Zip: JACKSONVILLE, FL 32226 US

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 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: LEON R. BING PRES 03/28/2007

Electronic Signature of Signing Officer or Director — Date