## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007330

Entity Name: C. E. MARKS MINISTRIES, INC.

FILED Mar 01, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

4021 ERRESS BLVD PENSACOLA, FL 32503

Current Mailing Address: New Mailing Address:

4021 ERRESS BLVD PENSACOLA, FL 32503

FEI Number: 55-0794702 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MARKS, C E 4021 ERRESS BLVD PENSACOLA, FL 32503 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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MARKS, C E
 Name:

 Address:
 4021 ERRESS BLVD
 Address:

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 EVERHART, CYNTHIA
 Name:
 EVERHART, CYNTHIA

 Address:
 538 #B PAULA AVE
 Address:
 585 72ND AVE

 City-St-Zip:
 PENSACOLA, FL 32507
 City-St-Zip:
 PENSACOLA, FL 32507

Title: TT ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 JOHNSON, BELINDA
 Name:
 JOHNSON, BELINDA

 Address:
 P O BOX 4946
 Address:
 P O BOX 4946

City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

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: BELINDA JOHNSON T 03/01/2007