## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2007 8:00 am Secretary of State NT# N02000007856 04-26-2007 90187 025 \*\*\*\*61.25 STILL WATER CHRISTIAN MINISTRIES, INC. Principal Place of Business Mailing Address 87638 ROSES BLUFF RD YULEE FL 32097 87638 ROSES BLUFF RD YULEE FL 32097 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 04-3717050 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSS, WILLIAM F JR Street Address (P.O. Box Number is Not Acceptable) 87638 ROSES BLUFF ROAD YULEE FL 32097 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D HILE ☐ Délele ☐ Change ☐ Addition NAME MYER, ERIC NAME STREET ADDRESS STREET ADDRESS **PO BOX 777** CITY - ST - ZIP YULEE FL 32041 CHY-ST-7IP THE ☐ Delete THIE ☐ Change ■ Addition NAME WRENN, ROBERT NAME STREET ADDRESS STREET ADDRESS 2359 PIRATES BAY DR CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE D ☐ Delete TITLE **☆** Change Addition NAME GOYETTE, ROBERT NAMI 134 Brady Point Rd. Fernandina, FL. 32034 STREET ADDRESS STREET ADDRESS 134 OLD CHURCH RD. CHY-ST-7IP CHY-ST-7IP FERNANDINA FL 32034 MILE □ Delete THILE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ш ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP THIE ☐ Delete HHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

**FILED** 

SIGNATURE: William 5. Roud. William F. Ross Jr. 4-15-07 9042773598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Drylling Prong #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.