

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

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000008119

1. Entity Name

CENTRAL AMERICAN MINISTRIES, INC.



Principal Place of Business

**2465 GOLF COURSE RD.
PERRY, FL 32348**

Mailing Address

**P.O. BOX 349
PERRY, FL 32348**



01122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

35-2198663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OVERSTREET, LOVETT I
2465 GOLF COURSE RD
PERRY, FL 32348**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

060000004255
05/01/08-80005-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVERSTREET, LOVETT I 2465 GOLF COURSE RD. PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HILLHOUSE, GAIL 2465 GOLF COURSE RD PERRY, FL 23348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, DURAN P.O. BOX 644 PERRY, F 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, TONYA P.O.BOX 644 PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE:

Duran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-08

Date

Daytime Phone #