

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008924

FILED
Apr 12, 2007
Secretary of State

Entity Name: AMEN, INC.

Current Principal Place of Business:

1050 AVIARY RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1050 AVIARY RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 56-2311882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLATER, ROBERT W
214 BRAZILIAN AVE #260
PALM BEACH, FL 33480 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: D () Delete
Name: LONG, TRACY
Address: 1050 AVIARY RD
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: LONG, MARY
Address: 1050 AVIARY RD
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: CLIFTON, CHRIS
Address: 14101 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: LOCKE, DALE
Address: 14101 OKEECHOBEE BLVD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: WENDELL, CHARLES
Address: 631 N
City-St-Zip: LAKE WORTH, FL 33460

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: TRACY LONG

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date