2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2007
Secretary of State

DOCUMENT# N02000009788

Entity Name: FAMILY MINISTRIES OF ST. JOHN'S COUNTY, INC.

Current Principal Place of Business:

30 HAWAIIAN BLVD
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

30 HAWAIIAN BLVD
ST. AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 06-1665486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYNCH, BARBARA
30 HAWAIIAN BLVD
ST. AUGUSTINE, FL 32080 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: MOLLAR, JEANNE
Address: 245 WILDWOOD DR., #79
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VD ( ) Delete
Name: QUENSE, ANN
Address: 30 HAWAIIAN BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: LYNCH, TOM
Address: 30 HAWAIIAN BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: LYNCH, BARBARA
Address: 30 HAWAIIAN BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S ( ) Delete
Name: MOLLAR, EDWARD
Address: 245 WILDWOOD DR., #79
City-St-Zip: ST. AUGUSTINE, FL 32080

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: BARBARA LYNCH DR 02/17/2007

Electronic Signature of Signing Officer or Director — Date