

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001650

FILED
Jul 10, 2007
Secretary of State

Entity Name: RED TENT MINISTRIES, INC.

Current Principal Place of Business:

741 NORTH COMBEE RD
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

741 NORTH COMBEE RD
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 27-0002719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ST. ROCK, DONNA
741 N COMBEE RD
LAKELAND, FL 33801 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST. ROCK, DONNA
Address: 741 N COMBEE RD
City-St-Zip: LAKELAND, FL 33801

Title: V () Delete
Name: CHAMBERS, TERRI
Address: 5418 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

Title: S () Delete
Name: MILLER, TRACY
Address: 867 MORNING STREET
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: BOND, LESLIE
Address: PO BOX 1788
City-St-Zip: WAUCHULA, FL 33873

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:

I hereby certify that the information supplied with this filing does not qualify 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: DONNA ST. ROCK

PD

07/10/2007

Electronic Signature of Signing Officer or Director

Date