2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001656

FILED Apr 11, 2007 Secretary of State

Entity Name: DISCIPLE SUPPORT MINISTRIES, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
SUITE 16				
	O BEACH, FL 33069			
Current N	failing Address:		New Mailing Add	ress:
	JTH POWERLINE ROAD			
SUITE 16 OMPAN	0 O BEACH, FL 33069			
El Number	r: 51-0452316 FEI Number A	pplied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
lame and	d Address of Current Regist	ered Agent:	Name and Addres	ss of New Registered Agent:
PT. 201	HENRY DENS DRIVE O BEACH, FL 33069 US			
	e named entity submits this sta e of Florida.	tement for the	purpose of changing its regist	tered office or registered agent, or both
SIGNATU	RE:			
	Electronic Signature of	Registered Ac	jent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: ame: ddress: ity-St-Zip:	CHM () Delete PAUL, COWLEY 1319 SOUTH POWERLINE ROAL POMPANO BEACH, FL 33069) #160	Title: Name: Address: City-St-Zip:	() Change () Addition
itle: ame: ddress: ity-St-Zip:	PD () Delete STOUT, HENRY 714 GARDENS DRIVE, APT 201 POMPANO BEACH, FL 33069		Title: Name: Address: City-St-Zip:	()Change ()Addition
itle: ame: ddress:	TD () Delete MAXIM, JAMES 925 HUNT ROAD BROOMALL, PA 19008		Title: Name: Address: City-St-Zip:	() Change () Addition
ity-St-Zip:			T:41	() Change () Addition
	SD () Delete BANKS, ROBERT 34 HORSESHOE LANE NEWTON SQUARE, PA 19073		Title: Name: Address: City-St-Zip:	() Change () / Idamon
ity-St-Zip: itle: ame: ddress:	BANKS, ROBERT 34 HORSESHOE LANE		Name: Address:	() Change () Addition

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: HENRY STOUT PD 04/11/2007