

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001820

Entity Name: C.O.R. MINISTRIES, INC.

FILED
Jul 22, 2008
Secretary of State

Current Principal Place of Business:

15556 VERONA AVE., APT A
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

15556 VERONA AVE.
APT. A
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 05-0550548 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:

TALLEY, VENNIE
5430 CRESTMONT STREET
CLEARWATER, FL 33760 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: TALLEY, VENNIE
Address: 5430 CRESTMONT STREET
City-St-Zip: CLEARWATER, FL 33760

Title: DT () Delete
Name: SHACKELFORD, TWANA
Address: 1721 GREENWOOD AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: DVC () Delete
Name: MURPHY, DIANNA
Address: 500 CHESTNUT ST.
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: GIBBS, TERRI
Address: 1532 SEAGULL DR. APT. 302
City-St-Zip: PALM HARBOR, FL 34685

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: VENNIE TALLEY

D

07/22/2008

Electronic Signature of Signing Officer or Director

Date