2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# N03000001927

Entity Name: STANLEY WILLIAMS MINISTRIES, INC.

Current Principal Place of Business:

1822 EDGEWOOD DR.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1822 EDGEWOOD DR.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 20-5125607 **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:

WILLIAMS, STANLEY
1822 EDGEWOOD DR.
NAVARRE, FL 32566 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: DR. ( ) Delete
Name: STANLEY, WILLIAMS PRESIDE
Address: 1822 EDGEWOOD DR.
City-St-Zip: NAVARRE, FL 32566

Title: DR. ( ) Delete
Name: BETHTINA, WILLIAMS Q VICE PR
Address: 1822 EDGEWOOD DR.
City-St-Zip: NAVARRE, FL 32566

Title: ELDE ( ) Delete
Name: DAVID, WILLIAMS SECRET
Address: 212 EGAN DRIVE
City-St-Zip: CRESTVIEW, FL 32526

Title: MRS. ( ) Delete
Name: VICKIE, WILLIAMS TRESUR
Address: 2112 CASTELLAR
City-St-Zip: NAVARRE, FL 32566

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: STANLEY D. WILLIAMS DR. 07/10/2008

Electronic Signature of Signing Officer or Director — Date