

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003070

FILED
Jan 22, 2007
Secretary of State

Entity Name: RACING PERFORMANCE MINISTRIES, INC.

Current Principal Place of Business:

63 LAS CASITAS
FORT PIERCE, FL 34951

New Principal Place of Business:

Current Mailing Address:

63 LAS CASITAS
FORT PIERCE, FL 34951

New Mailing Address:

FEI Number: 75-3109382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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: BLACK, JAMES T
Address: 63 LAS CASITAS
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: DAVID, STEVE
Address: NE 49TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: D () Delete
Name: TOMLINSON, JOHN
Address: 2077 NE 120 ROAD
City-St-Zip: MIAMI, FL 33181

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:

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: JAMES T BLACK

D

01/22/2007

Electronic Signature of Signing Officer or Director

Date