

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90198 048 ****70.00

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DOCUMENT # N03000003433

1. Entity Name
ADHD MINISTRIES, INCORPORATED



Principal Place of Business
**6121 METROWEST BLVD
12-103
ORLANDO, FL 32835**

Mailing Address
**P.O. BOX 547882
ORLANDO, FL 32854**

3. Mailing Address
1750 South 037

Suite, Apt. #, etc.
Suite # 154

City & State
Orlando, Fla.

Zip
32805

Country
USA

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
54-2064125

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, DANA S
6121 METROWEST BLVD
12-103
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DANA JACKSON** **4/30/08**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	Dana Jackson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, DANA S			NAME	5450 Claracona Key Blvd. Apt. 11-1101		
STREET ADDRESS	6121 METROWEST BLVD			STREET ADDRESS	Orlando, Fla. 32810		
CITY-ST-ZIP	ORLANDO, FL 32835			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAYEE, RAJ			NAME			
STREET ADDRESS	P.O. BOX 4665			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32793			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOMLINSON, MARY L			NAME			
STREET ADDRESS	5814 ELON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, MARY			NAME			
STREET ADDRESS	P.O. BOX 681043			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32868			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCAS, BRIAN			NAME			
STREET ADDRESS	P.O. BOX 620955			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32762			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DANA JACKSON** **04/30/08** **407-285-0415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #