

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007320

FILED
Jun 18, 2007
Secretary of State

Entity Name: DAVE THOMPSON MINISTRIES, INC.

Current Principal Place of Business:

20317 DALEWOOD RD
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 80-0067186 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:

Name and Address of New Registered Agent:

THOMPSON, DAVID L REV.
20317 DALEWOOD RD
NORTH FORT MYERS, FL 33917 US

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: PRES () Delete
Name: THOMPSON, DAVID L REV.
Address: 20317 DALEWOOD RD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: S/TR () Delete
Name: THOMPSON, TAMERA J
Address: 20317 DALEWOOD RD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: DIR () Delete
Name: MARCHESSEAU, DOREENE
Address: 524 BRIGHAM ST
City-St-Zip: MARLBOROUGH, MA 01752 US

Title: DIR () Delete
Name: WHITE, MALCOLM
Address: 7625 SW CANYON RD
City-St-Zip: PORTLAND, OR 97225 US

Title: DIR () Delete
Name: WHITE, LYNETTE
Address: 7625 SW CANYON RD
City-St-Zip: PORTLAND, AL 97225 US

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:

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: DAVID L. THOMPSON

PRES

06/18/2007

Electronic Signature of Signing Officer or Director

Date