

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2007
Secretary of State

DOCUMENT# N03000008339

Entity Name: ONE CRYING OUT MINISTRIES INC.**Current Principal Place of Business:**1722 WEST 29TH STREET
JACKSONVILLE, FL 32209**New Principal Place of Business:****Current Mailing Address:**9525 ARBOR OAK LANE
JACKSONVILLE, FL 32208**New Mailing Address:****FEI Number:** 27-0068848**FEI Number Applied For** ()**FEI Number Not Applicable** ()**Certificate of Status Desired** (X)**Name and Address of Current Registered Agent:**WALLACE, ROBERT D PASTOR
9525 ARBOR OAK LANE
JACKSONVILLE, FL 32208 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:** PD () Delete
Name: WALLACE, ROBERT D
Address: 9525 ARBOR OAK LANE
City-St-Zip: JACKSONVILLE, FL 32208**Title:** VTD () Delete
Name: WALLACE, JOYA
Address: 9525 ARBOR OAK LANE
City-St-Zip: JACKSONVILLE, FL 32208**Title:** SD () Delete
Name: HARRIS, DE'ANDREA
Address: 1722 WEST 29TH STREET
City-St-Zip: JACKSONVILLE, FL 32209**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 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: WALLACE, ROBERT D.

PD

07/31/2007

Electronic Signature of Signing Officer or Director

Date