## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001956

FILED Jul 07, 2008 Secretary of State

Entity Name: P.H.I. MINISTRIES OF NORTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

17033 SUNRISE DRIVE WHITE SPRINGS, FL 32096

Current Mailing Address: New Mailing Address:

P.O. BOX 7 WHITE SPRINGS, FL 32096

FEI Number: 20-3354153 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:

CROFT, CHARLES D 16716 SPRING STREET WHITE SPRINGS, FL 32096 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:

- Flateria Circulus (Basistand Assat

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P/VP (X) Change ( ) Addition

 Name:
 CROFT, CHARLES D
 Name:
 CROFT, CHARLES D

 Address:
 P.O. BOX 993
 Address:
 P.O. BOX 993

 City-St-Zip:
 MAYO, FL 32066
 City-St-Zip:
 MAYO, FL 32066

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SHOTWELL, TONY
 Name:

 Address:
 9036 HWY 41
 Address:

 City-St-Zip:
 WHITE SPRINGS, FL 32096
 City-St-Zip:

Title: S/T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BRASWELL, LANCE A
 Name:

 Address:
 P.O. BOX 336
 Address:

 City-St-Zip:
 MAYO, FL 32066
 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: LANCE BRASWELL SC/T 07/07/2008