2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# N04000002222

Entity Name: B & L MINISTRIES, INC.

Current Principal Place of Business:

WOLFSANGERSTR 6
NIESTETAL, GERMANY, GE 34226 GE

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 121705
CLERMONT, FL 34712 US

New Mailing Address:

FEI Number: 20-0756591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, TERESA
14949 GREEN VALLEY BLVD
CLERMONT, FL 34711 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:	ARNOLD, ROBERT	
Address:	WOLFSANGERSTR 6	
City-St-Zip:	NIESTETAL GERMANY, GE 34266 GE	
Title:	D	( ) Delete
Name:	ARNOLD, LINDA	
Address:	WOLFSANGERSTR 6	
City-St-Zip:	NIESTETAL GERMANY, GE 34266 GE	
Title:	SD	( ) Delete
Name:	OOSTERLING, JON	
Address:	11846 WHISPER CREEK DR	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	OOSTERLING, MICHELLE	
Address:	11846 WHISPER CREEK DR	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	D	( ) Delete
Name:	THOMAS, WARREN	
Address:	14949 GREEN VALLEY BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	DT	( ) Delete
Name:	THOMAS, THERESA	
Address:	14949 GREEN VALLEY BLVD	
City-St-Zip:	CLERMONT, FL 34712	

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:	
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: ROBERT ARNOLD PD 04/10/2008

Electronic Signature of Signing Officer or Director — Date