2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N04000004296

Entity Name: CIRCLE OF SEVEN MINISTRIES, INC.

Current Principal Place of Business:

15904 HWY 301
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15904 HWY 301
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 59-3633707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HOLT, BETSY K REV. DR
15904 HWY 301
DADE CITY, FL 33523 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: P ( ) Delete
Name: HOLT, TERRENCE REV
Address: 15904 HWY 301
City-St-Zip: DADE CITY, FL 33523

Title: VP ( ) Delete
Name: HOLT, BETSY K REV. DR
Address: 15904 HWY 301
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete
Name: PROBUS, KIMBERLY A
Address: 11088 SEDGEFIELD AVE
City-St-Zip: SPRING HILL, FL 34608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOLT, BETSY K REV.DR
Address: 15904 HWY 301
City-St-Zip: DADE CITY, FL 33523

Title: VP (X) Change ( ) Addition
Name: HOLT, TERRENCE REV
Address: 15904 HWY 301
City-St-Zip: DADE CITY, FL 33523

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: REV. DR. BETSY K O'NEAL HOLT P 05/01/2009

Electronic Signature of Signing Officer or Director — Date