



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004436</b> 1. Entity Name <b>STAY FOCUSED MINISTRIES, INC.</b>	
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Principal Place of Business <b>3266 SOUTHSIDE BLVD JACKSONVILLE, FL 32216</b>	Mailing Address <b>3266 SOUTHSIDE BLVD JACKSONVILLE, FL 32216</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-1032864</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JOHNSON, ANDREW PAUL 12358 SHELL BEACH TRAIL JACKSONVILLE, FL 32246</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

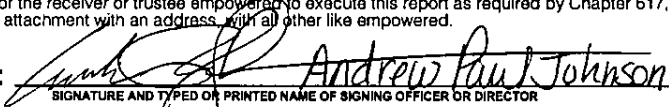
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JOHNSON, ANDREW PAUL 12358 SHELL BEACH TRAIL JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D EDGAR, RALPH RICHARD 5815 WESSEX LANE ALEXANDRIA, VA 22310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D JOHNSON, ALIDA 12358 SHELL BEACH TRAIL JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR/D EDGAR, RICHARD O 12356 BURGESS HILL CIRCLE S JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARSENAULT, RICK 14539 CRYSTAL VIEW LANE JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80010-018 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Andrew Paul Johnson** **4-18-2007** **(904) 928-1067**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #