2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# N04000005407

Entity Name: AQUILLA AND PRISCILLA MINISTRIES, INC.

Current Principal Place of Business:

906 HARTFORD DR
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

906 HARTFORD DR
DELAND, FL 32724

New Mailing Address:

FEI Number: 20-2213617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, PATRICIA
906 HARTFORD DR
DELAND, FL 32724 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: CD ( ) Delete
Name: WARE, EDWARD DR.
Address: 906 HARTFORD DR
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: CAMPBELL, JODI MRS.
Address: 521 BURTON LANE
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: WARE, YVONNE MRS.
Address: 906 HARTFORD DR
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: WEBB, JOSEPH DR.
Address: 630 S. GRANT ST.
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: RAMIREZ, WILLIAM REV.
Address: 747 BAYWOOD CIRCLE
City-St-Zip: SANFORD, FL 32773

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:

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: YVONNE M. WARE TD 01/15/2008
Electronic Signature of Signing Officer or Director — Date