

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006258

FILED
Sep 02, 2007
Secretary of State

Entity Name: FRONT LINE SOLDIERS MINISTRIES, INC.

Current Principal Place of Business:

4303 NW 22ND CT
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

18140 NW 18 TH AVENUE
MIAMI, FL 33056

New Mailing Address:

FEI Number: 20-1294614 **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:

WOODS, DARIN
18140 NW 18TH AVENUE
MIAMI, FL 33056 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WOODS, DARIN
Address: 18140 NW 18TH AVE.
City-St-Zip: MIAMI, FL 33056

Title: VP () Delete
Name: ROWE, EMANUEL
Address: 4303 NW 22ND COURT
City-St-Zip: MIAMI, FL 33142

Title: TRES () Delete
Name: SCOTT, ANTHONY
Address: 4303 NW 22ND CT
City-St-Zip: MIAMI, FL 33142

Title: SECT () Delete
Name: SCREEN, SHERRY
Address: 4303 NW 22ND CT
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: JONES, TERRY
Address: 4303 NW 22ND CT
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: WOODS, WILLIE E
Address: 4331 SW 21 STREET
City-St-Zip: HOLLYWOOD, FL 33023

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: DARIN WOODS

P

09/02/2007

Electronic Signature of Signing Officer or Director

Date