




2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000006383 1. Entity Name REMNANT YOUTH MINISTRIES, INC.						FILED 07 SEP 17 PM 3:21 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 13018 GUNN HIGHWAY ODESSA, FL 33556				Mailing Address PO BOX 341888 TAMPA, FL 33694			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		09062007 Chg-NP CR2E037 (12/06)		4. FEI Number 20-1368648	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent LAZZARA, PHILIP R ESQ 307 S BLVD SUITE D TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOUSEFIELD, DAVID B 2801 WHITTINGTON PLACE TAMPA, FL 33618 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTARD, LEWIS W JR PO BOX 342681 TAMPA, FL 33694 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUSEFIELD, DARLENE 2801 WHITTINGTON PLACE TAMPA, FL 33618 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, STEVEN R 11719 PALMER DR TAMPA, FL 33624 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTIZ, ERNEST 6010 HAMMOCK WOODS DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, MAJA J 6010 HAMMOCK WOODS DRIVE ODESSA, FL 33556 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTLETT, VERNA O PO BOX 342681 TAMPA, FL 33694 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  VERNA BARTLETT, VP-EXEC DIR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				9-14-07 <small>Date</small>		813-433-4810 <small>Daytime Phone #</small>	