2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N04000006685

Entity Name: DONALDSON MINISTRIES, INC

Current Principal Place of Business:

402 WEST FOURTH COURT
FROSTPROOF, FL 33843 US

New Principal Place of Business:

Current Mailing Address:

402 WEST FOURTH COURT
FROSTPROOF, FL 33843 US

New Mailing Address:

FEI Number: 56-2469508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: CEO ( ) Delete
Name: DONALDSON, AL
Address: 402 WEST FOURTH COURT
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D ( ) Delete
Name: WILLIAMS, MARY
Address: 2596 ALCLOBE CIRCL
City-St-Zip: OCOEE, FL 34761 US

Title: ED ( ) Delete
Name: TYRON, SIMPSON
Address: 1417 CORNELIA AVE
City-St-Zip: SEBRING, FL 33870 US

Title: D ( ) Delete
Name: HENRY, CHAUNCEY
Address: P.O. BOX 1451
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D ( ) Delete
Name: DONALDSON, SHARON
Address: 402 WEST FOURTH COURT
City-St-Zip: FROSTPROOF, FL 33843 US

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: SHARON DONALDSON D 04/29/2008

Electronic Signature of Signing Officer or Director — Date