


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000007829</b>	
1. Entity Name <b>REAL WORSHIP MINISTRIES, INC.</b>	

Principal Place of Business <b>846 YORK WAY MAITLAND, FL 32751</b>	Mailing Address <b>846 YORK WAY MAITLAND, FL 32751</b>
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>51-0517531</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>JAMERSON, COY W III 846 YORK WAY MAITLAND, FL 32751</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	D JAMERSON, COY W III 846 YORK WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMERSON, MARY M 846 YORK WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM M 4655 VINELAND ROAD ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARDELLA, ANTHONY M JR 234 N WESTMORE DR SUITE 3000 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CARROLL, MICHAEL P PO BOX 309 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000621787  
02/12/07-80030-025 61.25

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:** Mary M Jamerson **2/1/07** **407-830-9256**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #