

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010118

FILED
Apr 27, 2007
Secretary of State

Entity Name: C E ANDERSON MINISTRIES, INC.

Current Principal Place of Business:

400 TERRANOVA ST
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3807
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 16-1717676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CHARLES E
400 TERRANOVA ST.
WINTER HAVEN, FL 33884 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: PD () Delete
Name: ANDERSON, CHARLES E
Address: 400 TERRANOVA ST.
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: ANDERSON, CHARLES E II
Address: 400 TERRANOVA ST.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: ANDERSON, JUDITH F
Address: 400 TERRANOVA ST.
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: BROWN, LULA W
Address: P. O. BOX 104
City-St-Zip: AUBURNDALE, FL 33823

Title: T () Delete
Name: VINSON, TONY
Address: P. O. BOX 104
City-St-Zip: AUBURNDALE, FL 33823

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: LULA BROWN

TD

04/27/2007

Electronic Signature of Signing Officer or Director

Date