

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000082

FILED
Mar 30, 2007
Secretary of State

Entity Name: FOREVER FAMILY MINISTRIES, INC.

Current Principal Place of Business:

1826 14 AVENUE SW
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

1826 14 AVENUE SW
VERO BEACH, FL 32962 US

New Mailing Address:

FEI Number: 59-3794980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLISON, SIDNEY H
1826 14 AVENUE SW
VERO BEACH, FL 32962 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: DP () Delete
Name: COLLISON, SIDNEY H
Address: 1826 14 AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: D () Delete
Name: FLANDERS, R. MICHAEL
Address: 9 IVY BROOK CT.
City-St-Zip: GREENSBORO, NC 27407 US

Title: DST () Delete
Name: COLLISON, VILDA M
Address: 1826 14 AVENUE SW
City-St-Zip: VERO BEACH, FL 32962 US

Title: D () Delete
Name: BROTHERS, ALBERT
Address: 5790 25TH STREET SW
City-St-Zip: VERO BEACH, FL 32968 US

Title: D () Delete
Name: FRARY, ROBERT B
Address: P.O. BOX 691041
City-St-Zip: VERO BEACH, FL 32969 US

Title: D (X) Delete
Name: GARDNER, BARBARA J
Address: 425 21ST COURT
City-St-Zip: VERO BEACH, FL 32962 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: D (X) Change () Addition
Name: FRARY, ROBERT B
Address: P.O. BOX 691041
City-St-Zip: VERO BEACH, FL 32969 US

Title: D (X) Change () Addition
Name: GARDNER, BARBARA J
Address: 425 21ST COURT
City-St-Zip: VERO BEACH, FL 32962 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VILDA M. COLLISON

DST

03/30/2007

Electronic Signature of Signing Officer or Director

Date