

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001342

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: RON CORAM MINISTRIES, INC.

## Current Principal Place of Business:

5434 TWIN CREEKS DRIVE  
VALRICO, FL 335948286

## New Principal Place of Business:

## Current Mailing Address:

5434 TWIN CREEKS DRIVE  
VALRICO, FL 335948286

## New Mailing Address:

FEI Number: 59-3799364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DICKERSON, M. JOSEPH ESQ.  
2020 W. BRANDON BLVD., STE. 206  
BRANDON, FL 33511 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: CORAM, RONALD D. SR.  
Address: 5434 TWIN CREEKS DRIVE  
City-St-Zip: VALRICO, FL 335948286

Title: VP ( ) Delete  
Name: ROGERS, ROBERT C JR  
Address: 104 N EVERS ST  
City-St-Zip: PLANT CITY, FL 33563

Title: T ( ) Delete  
Name: DOWLING, TOM  
Address: 5830 LYLE ST  
City-St-Zip: ORLANDO, FL 32807

Title: AT ( ) Delete  
Name: ATKINSON, SCOTT  
Address: 3610 VALLEY HAVEN  
City-St-Zip: HUMBLE, TX 77339

Title: DS ( ) Delete  
Name: ALBERT, DALE  
Address: 3002 FOLKLORE TR  
City-St-Zip: VALRICO, FL 33594

## 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: ROBERT C. ROGERS, JR., ESQUIRE

VP

04/28/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date