


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 022 ****61.25

DOCUMENT # N05000001342	
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1. Entity Name
RON CORAM MINISTRIES, INC.

Principal Place of Business
**5434 TWIN CREEKS DRIVE
VALRICO, FL 33594-8286**

Mailing Address
**5434 TWIN CREEKS DRIVE
VALRICO, FL 33594-8286**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3799364

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DICKERSON, M. JOSEPH ESQ.
2020 W. BRANDON BLVD., STE. 206
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **Robert C. Rogers Jr Esq.**

Street Address (P.O. Box Number is Not Acceptable)

13191 Starkey Rd Ste 6

City **Largo**

FL

Zip Code
33773

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORAM, RONALD D. SR. 5434 TWIN CREEKS DRIVE VALRICO, FL 335948286	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROGERS, ROBERT C JR 104 N EVERS ST PLANT CITY, FL 33563	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. — DOWLING, TOM 5830 LYLE ST ORLANDO, FL 32807	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ATKINSON, SCOTT 3610 VALLEY HAVEN HUMBLE, TX 77339	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALBERT, DALE 3002 FOLKLORE TR VALRICO, FL 33594	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE CHANGE ONLY TO 33596-8286
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Rogers, Robert C Jr 2443 Brownwood Dr Mulberry, FL 33860
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE CHANGE ONLY TO 33596
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ronald Dale Coram, Sr.

3/13/08

Date

Daytime Phone #