

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003371

FILED
Mar 28, 2007
Secretary of State

Entity Name: MARK 10:14 MINISTRIES, INC.

Current Principal Place of Business:

10119 MARONDA DR
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10119 MARONDA DR
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-2641373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWCOMB, RACHEL
10119 MARONDA DR
RIVERVIEW, FL 33569 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: D () Delete
Name: NEWCOMB, GREG
Address: 10119 MARONDA DRIVE
City-St-Zip: RIVERVIEW, FL 33605

Title: D () Delete
Name: SMITH, ROBERT J
Address: 4402 JANIS MILLER LANE
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: KNEESHAW, KEITH
Address: 10925 CARNELIAN LANE
City-St-Zip: RIVERVIEW, FL 33560

Title: D () Delete
Name: NORTON, ROBERT
Address: 201 JAMES STREET
City-St-Zip: BRANDON, FL 33510

Title: D () Delete
Name: OWENS, V JEAN
Address: 13003 WATERFORD RUN DR
City-St-Zip: RIVERVIEW, FL 33569

Title: D () Delete
Name: NEWCOMB, RACHEL
Address: 10119 MARONDA DR
City-St-Zip: RIVERVIEW, FL 33569

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
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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 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: RACHEL NEWCOMB

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date