


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 002 ****70.00

DOCUMENT # N05000003641					
1. Entity Name THE FISHERMAN'S MINISTRY, INC.					
Principal Place of Business 159 NW ROSEMARY CT. LAKE CITY, FL 32025			Mailing Address 159 NW ROSEMARY CT. LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box # 936 NW Falling Creek Rd. Suite, Apt. #, etc.		3. Mailing Address PO Box 3657 Suite, Apt. #, etc.			
City & State Lake City FL		City & State Lake City FL		4. FEI Number 87-0744362	
Zip 32055		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARKEY, BURL D 159 NW ROSEMARY CT. LAKE CITY, FL 32025			7. Name and Address of New Registered Agent Name <u>Harkey Burl D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>936 NW Falling Creek Rd.</u> City <u>Lake City</u> <u>FL</u> Zip Code <u>32055</u>		
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 <u>Burl D. Harkey</u> <u>Burl D. Harkey</u> <u>4-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>HARKEY, BURL D</u> STREET ADDRESS <u>159 NW ROSEMARY CT.</u> CITY-ST-ZIP <u>LAKE CITY, FL 32025</u>	TITLE <u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Harkey Burl D.</u> STREET ADDRESS <u>936 NW Falling Creek Rd.</u> CITY-ST-ZIP <u>Lake City FL 32055</u>				
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>HARKEY, LORI A</u> STREET ADDRESS <u>159 NW ROSEMARY CT.</u> CITY-ST-ZIP <u>LAKE CITY, FL 32025</u>	TITLE <u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>Harkey Lori A.</u> STREET ADDRESS <u>936 NW Falling Creek Rd.</u> CITY-ST-ZIP <u>Lake City FL 32055</u>				
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>BROWN, BILL</u> STREET ADDRESS <u>8515 SE CR 245</u> CITY-ST-ZIP <u>LAKE CITY, FL 32025</u>	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>				
TITLE <u></u> <input type="checkbox"/> Delete NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u></u> STREET ADDRESS <u></u> CITY-ST-ZIP <u></u>				
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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: <u>Lori A. Harkey</u> <u>Lori A. Harkey</u> <u>4/10/07</u> <u>386-758-2289</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					