

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004185

Entity Name: EVENT MINISTRIES, INC.

FILED  
Feb 22, 2007  
Secretary of State

**Current Principal Place of Business:**

1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847

**New Principal Place of Business:**

**Current Mailing Address:**

1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847

**New Mailing Address:**

FEI Number: 20-2741517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOGUE, JAMES S  
1065 RAINER DRIVE  
ALTAMONTE SPRINGS, FL 327143847 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: P ( ) Delete  
Name: HOGUE, JAMES S  
Address: 443 TIMBER RIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 327792644

Title: VP ( ) Delete  
Name: CHAPMAN, DEAN E  
Address: 119 E. WYNDHAM COURT  
City-St-Zip: LONGWOOD, FL 327794614

Title: D ( ) Delete  
Name: KENYON III, GAYLORD C  
Address: 1124 BRANTLEY ESTATES DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S (X) Delete  
Name: BOWERS, LORI A  
Address: 438 FERN MEADOW LOOP  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: LAW, JUDY L  
Address: 588 BRANTLEY TERRACE WAY #109  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: SD (X) Change ( ) Addition  
Name: KENYON III, GAYLORD C  
Address: 1124 BRANTLEY ESTATES DR.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: JUDY LAW

T

02/22/2007

Electronic Signature of Signing Officer or Director

Date