



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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|---|--|--|---|---|--|
| DOCUMENT # N05000004347 1. Entity Name ERROL MUSTAFA MINISTRIES, INC. | | | |  | |
| Principal Place of Business 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | | Mailing Address 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 4. FEI Number 65-1272517 | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MUSTAFA, ERROL 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| MUSTAFA, ERROL 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ | | | | | |
| FILE NOW: 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 NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete MUSTAFA, ERROL 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642681 03/01/07-80053-009 61.25 | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete TOLAR, CLAUDIA 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | D <input type="checkbox"/> Delete MUSTAFA, DEBBIE 1748 TALL TREE DR., EAST JACKSONVILLE FL 32246 | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ERROL MUSTAFA **2/12/07** **904-294-8540**