


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90035 042 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N05000004648</b>                           |  |
| 1. Entity Name<br><b>VERSE BY VERSE MINISTRIES, INC.</b> |   |

40008483



|  |  |
|--|--|
| Principal Place of Business<br><b>1754 BELLEMEADE DRIVE<br/>CLEARWATER, FL 33755</b> | Mailing Address<br><del>1754 BELLEMEADE DRIVE</del><br><del>CLEARWATER, FL 33755</del> |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>PO BOX 5884</b> |
|--|--|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |                                       |
|--------------|---------------------------------------|
| City & State | City & State<br><b>CLEARWATER, FL</b> |
|--------------|---------------------------------------|

|     |         |              |            |
|-----|---------|--------------|------------|
| Zip | Country | Zip          | Country    |
|     |         | <b>33765</b> | <b>USA</b> |

01252007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>25-1916950</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent  |  |
| <b>SPIEGEL &amp; UTRERA, P.A.</b><br><b>1840 SW 22ND ST.</b><br><b>4TH FLOOR</b><br><b>MIAMI, FL 33145</b> |  |

|  |                          |
|--|--------------------------|
| 7. Name and Address of New Registered Agent  |                          |
| Name <b>STEVEN A KRELOFF</b>   |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1754 BELLEMEADE DRIVE</b> |                          |
| City <b>CLEARWATER</b>   | FL Zip Code <b>33755</b> |

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  DATE **X 1/30/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

|   |                                    |
|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|---|------------------------------------|

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KRELOFF, STEVEN A<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KRELOFF, BENJAMIN J<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PLICET, WILLIAM<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENSEN, JAMES K<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JENKINS, JACK<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALEPPO, JOSEPH A<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Delete           |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ROBERT McEWEEN<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREAS<br>RICHARD BAUMGARDNER<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>POTTEET, WILLIAM<br>1754 BELLEMEADE DRIVE<br>CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-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 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:  DATE **X 1/26/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR