

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N05000004648

1. Entity Name
VERSE BY VERSE MINISTRIES, INC.



Principal Place of Business
**1754 BELLEMEADE DRIVE
CLEARWATER, FL 33755**

Mailing Address
**P.O. BOX 5884
CLEARWATER, FL 33765**



02162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
25-1916950

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRELOFF, STEVEN A
1754 BELLEMEADE DR
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000855566
03/27/08-80055-016 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KRELOFF, STEVEN A
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	SD
NAME	KRELOFF, BENJAMIN J
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	MCEWEN, ROBERT
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	JENSEN, JAMES K
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	JENKINS, JACK
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	ALEPPO, JOSEPH A
STREET ADDRESS	1754 BELLEMEADE DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Benjamin Kreloff

BENJAMIN KRELOFF

3-8-08

727-441-1714