

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90020 006 \*\*\*\*70.00

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08082007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N05000006257</b>					
1. Entity Name <b>HURSTON MINISTRIES, INC.</b>					
Principal Place of Business 111 SHIRLEY DR. GULF BREEZE, FL 32561			Mailing Address P.O. BOX 385 GULF BREEZE, FL 32562-0385		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3907164	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HURSTON, KAREN L 109 SHIRLEY DR. GULF BREEZE, FL 32561			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 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	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HURSTON, KAREN L REV.		NAME		
STREET ADDRESS	109 SHIRLEY DR.		STREET ADDRESS		
CITY - ST - ZIP	GULF BREEZE, FL 32561		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIPSCOMB, BUFORD REV.		NAME		
STREET ADDRESS	221 SOUTH BLUE ANGEL PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32506		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANLEY, ROBERT W REV.		NAME		
STREET ADDRESS	5270 PALE MOON DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32507		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDSCHAU, LOUIS R REV.		NAME		
STREET ADDRESS	3454 MARGUS POINTE BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA, FL 32505		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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>Karen Hurston</u>			Date: <u>08-08-07</u> Daytime Phone # <u>850 934 7504</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					