2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2008
Secretary of State

DOCUMENT# N05000006595

Entity Name: DEBRA FLINN MINISTRIES INC.

Current Principal Place of Business:

2105 N.E. 9TH AVE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

2105 N.E. 9TH AVE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 84-1686191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLINN, DANA R
2105 N.E. 9TH AVE
CAPE CORAL, FL 33909 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: D ( ) Delete
Name: FLINN, DANA
Address: 2105 N.E. 9TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete
Name: FLINN, DEBRA
Address: 2105 N.E. 9TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: D ( ) Delete
Name: BRADFORD, TAMMY
Address: 25335 PINSON DR
City-St-Zip: BONITA SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DANA R. FLINN PRES 03/23/2008

Electronic Signature of Signing Officer or Director — Date