

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009042

FILED
May 02, 2007
Secretary of State

Entity Name: EMOR MINISTRIES, INCORPORATED

Current Principal Place of Business:

5219 BON VIVANT DRIVE
#216
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5219 BON VIVANT DRIVE
#216
TAMPA, FL 33603

New Mailing Address:

FEI Number: 83-0451601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MORGAN, CLAYTE
5219 BON VIVANT DRIVE
#216
TAMPA, FL 33603 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: PD () Delete
Name: MORGAN, CLAYTE
Address: 5219 BON VIVANT DRIVE
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: HOLLAND, DENISE MD
Address: 11411 LAKE ARBOR WAY #610
City-St-Zip: MITCHELLVILLE, MD 20721

Title: VPSD () Delete
Name: CAMPBELL, KAREN
Address: 4515 RIVER FRONT LANE, APT T-104
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLLAND, DENISE MD
Address: 1610 CHAPEL RIDGE CT
City-St-Zip: HANOVER, MD 21076

Title: VPSD (X) Change () Addition
Name: CAMPBELL, KAREN
Address: 1514 RIVER DRIVE, APT D-202
City-St-Zip: TAMPA, FL 33603

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: CLAYTE P. MORGAN

PD

05/02/2007

Electronic Signature of Signing Officer or Director

_____ Date