# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 01, 2007**
**Secretary of State**

DOCUMENT# N05000009218

**Entity Name:** EVERYDAY MINISTRIES, INC.

**Current Principal Place of Business:**

951 N PARK AVE
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

951 N PARK AVE
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number: 20-3532467** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**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:**

JSN FINANCIAL SERVICES, INC
511 ELDRON AVE
DELTONA, FL 32738 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: | P | ( ) Delete |
| Name: | CRAIG, RONALD K REV. | |
| Address: | 3382 PLAYERS POINT LOOP | |
| City-St-Zip: | APOPKA, FL 32712 US | |
| Title: | VP | ( ) Delete |
| Name: | CRAIG, KELLY | |
| Address: | 3382 PLAYERS POINT LOOP | |
| City-St-Zip: | APOPKA, FL 32712 US | |
| Title: | SECT | ( ) Delete |
| Name: | SCOTT, RYAN N | |
| Address: | 249 MORNIING CREEK CIR | |
| City-St-Zip: | APOPKA, FL 32712 US | |
| Title: | TRES | ( ) Delete |
| Name: | SOTO, GABRIEL | |
| Address: | 511 ELDRON AVE | |
| City-St-Zip: | DELTONA, FL 32738 US | |

**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: | |
| 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: GABRIEL SOTO TRE 07/01/2007

Electronic Signature of Signing Officer or Director — Date