

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010826

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: O'MEAL REID MINISTRIES, INC.

## Current Principal Place of Business:

P.O. BOX 3501  
HAINES CITY, FL 33845

## New Principal Place of Business:

3504 WARBLER WAY  
KISSIMMEE, FL 34746

## Current Mailing Address:

P.O. BOX 3501  
HAINES CITY, FL 33845

## New Mailing Address:

3504 WARBLER WAY  
KISSIMMEE, FL 34746

FEI Number: 26-0116172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIVIL, JOHANNE  
1171 NW 103RD STREET  
MIAMI, FL 33150 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: REID, O'MEAL O  
Address: P.O. BOX 3501  
City-St-Zip: HAINES CITY, FL 33845

Title: VP ( ) Delete  
Name: THORTON, WILLY M  
Address: P.O. BOX 3501  
City-St-Zip: HAINES CITY, FL 33845

Title: T ( ) Delete  
Name: REJOUIS, HUBERTA  
Address: P.O. BOX 3501  
City-St-Zip: HAINES CITY, FL 33845

Title: S ( ) Delete  
Name: SALMON, GAYLE  
Address: P.O. BOX 3501  
City-St-Zip: HAINES CITY, FL 33845

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: REID, O'MEAL O  
Address: 3504 WARBLER WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: VP (X) Change ( ) Addition  
Name: REID, HUBERTA R  
Address: 3504 WARBLER WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Change ( ) Addition  
Name: SOUTHWARD, ANNETTE H  
Address: 6316 OLD LK WILSON RD  
City-St-Zip: KISSIMMEE, FL 33896

Title: S (X) Change ( ) Addition  
Name: HALL, LARESSA  
Address: 552 BRENTFORD CT  
City-St-Zip: KISSIMMEE, FL 33858

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: OMEAL O. REID

MR.

04/30/2007

Electronic Signature of Signing Officer or Director

Date