

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000011391**

1. Entity Name  
**PATI MINISTRIES, INC.**



Principal Place of Business  
**1840 NORTH GOLDENROD RD.  
ORLANDO, FL 32807 US**

Mailing Address  
**1840 NORTH GOLDENROD RD.  
ORLANDO, FL 32807 US**



01302007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3760600**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PEREZ-APONTE, JOAQUIN  
10712 CYPRESS TRAIL DR.  
ORLANDO, FL 32825**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1100000624001  
02/14/07-80013-013 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**EX.D  
PEREZ-APONTE, JOAQUIN  
10712 CYPRESS TRAIL DR.  
ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SEC  
FLORES, JAYNE  
8670 SAVORY DR.  
ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TRE  
ROMAN, ROSA  
13213 BRIER FOREST CT.  
ORLANDO, FL 32825**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/07**

Date

**(407) 277-3013**

Daytime Phone #