2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
07 APR 26 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000495

1. Entity Name
DR. E.C. SMITH MINISTRIES, INC.

03-05-2007 90070 005 *****61.25
03-21-2007 90037 050 *****8.75
N06000000495

Principal Place of Business	Mailing Address
P.O. BOX 3484 JACKSONVILLE FL 32206	P.O. BOX 3484 JACKSONVILLE FL 32206

2. Principal Place of Business - No P.O. Box # 409 Cherokee St.
Suite, Apt. #, etc.
City & State: Jacksonville, FL.
Zip: 32254 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 07-9872437 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ELLENE C. DR.
853 FERNWAY ST.
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SMITH, ELLENE C. 853 FERNWAY ST. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Trustee Anthony Ferguson 453 Goodwin Street Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLIAMS, JANICE 10856 KEY HAVEN BLVD. JACKSONVILLE FL 32218	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Trustee Jacquelyn Orange 3853 August Crossing Court Jacksonville, FL 32210
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCKEBER, SHERYL 911 ETHAN ALLAN ST. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Trustee Brenda Garner 253 W 60th Street Jacksonville, FL 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, ZORICA 7814 MELISSA CT. NORTH JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ellene C. Smith 02/24/07 904 768 2963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #