


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90104 002 \*\*\*\*61.25

<b>DOCUMENT # N06000000548</b> 1. Entity Name <b>WACASTER MINISTRIES, INC.</b>			
Principal Place of Business <b>13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735</b>		Mailing Address <b>13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735</b>	
2. Principal Place of Business No P.O. Box # <b>454 Park St.</b>		3. Mailing Address <b>454 Park St.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Sebring, FL</b>		City & State <b>Sebring, FL</b>	
Zip <b>33870</b>		Zip <b>33870</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4531280</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CROW, LON W IV 211 NORTH COMMERCE AVENUE SEBRING, FL FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to: <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WACASTER, DARREN K 13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wacaster, Darren K. 454 Park St. Sebring, FL, 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WACASTER, CHARLEENE H 13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wacaster, Charleene H. 454 Park St. Sebring, FL, 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WACASTER, CHARLEENE H 13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Wacaster, Charleene H. 454 Park St. Sebring, FL, 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACASTER, CHARLEENE H 13349 BISCAYNE DRIVE GRAND ISLAND, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wacaster, Charleene H. 454 Park St. Sebring, FL, 33870
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACASTER, MIKE 36807 WINFIELD CT GRAND ISLAND, FL 32735	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wacaster, Mike 36807 Winfield Ct. Grand Island, FL 32735
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.			
<b>SIGNATURE:</b> <i>Darren K. Wacaster</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 863-381-1328 Date Daytime Phone #	

Darren K. Wacaster