

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000755

1. Entity Name
ONE ANOTHER MINISTRIES, INC.



Principal Place of Business
**401 PINEHURST ST.
LAKELAND, FL 33805**

Mailing Address
**401 PINEHURST ST.
LAKELAND, FL 33805**

DO NOT WRITE IN THIS SPACE



03022008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3990635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILTON, BOBBY REV.
401 PINEHURST ST.
LAKELAND, FL 33805**

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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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILTON, BOBBY REV. 401 PINEHURST ST. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUTMAN, BESSIE 633 W. REMINGTON RD. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, EQUILLA 301 PINEHURST ST. LAKELAND, FL 33805
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/28/08-80004-018 61.25

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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: *Bobby Milton* **03/06/08** **863-853-6814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #