

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N06000001597

Entity Name: ARCHEGOS MINISTRIES, INC.

Current Principal Place of Business:

14543 WISHING WIND WAY
CLERMONT, FL 347116210 US

New Principal Place of Business:

Current Mailing Address:

14543 WISHING WIND WAY
CLERMONT, FL 347116210 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'DONNELL, MARK
14543 WISHING WIND WAY
CLERMONT, FL 347116210 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: D () Delete
Name: SCHULEIT, NICHOLAS
Address: 14543 WISHING WIND WAY
City-St-Zip: CLERMONT, FL 347116210 US

Title: D () Delete
Name: SCHULEIT, SCOTT
Address: 4875 NE 18TH AVE.
City-St-Zip: OAKLAND PARK, FL 33334 US

Title: D () Delete
Name: FLETCHER, JOHN
Address: 13653 DORNOCH DRIVE
City-St-Zip: ORLANDO, FL 32828 US

Title: D () Delete
Name: SCHULEIT, MELISSA
Address: 14543 WISHING WIND WAY
City-St-Zip: CLERMONT, FL 347116210 US

Title: D () Delete
Name: O'DONNELL, MARK
Address: 14543 WISHING WIND WAY
City-St-Zip: CLERMONT, FL 347116210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK O'DONNELL

D

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date