

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 019 \*\*\*\*61.25

DOCUMENT # N06000001710

1. Entity Name  
ENGAGING FAITH MINISTRIES, INC.



Principal Place of Business  
1144 SE 16TH ST  
OCALA, FL 34471

Mailing Address  
1144 SE 16TH ST  
OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #  
**7985 Scarborough Drive**  
Suite, Apt. #, etc.  
**Colorado Springs, CO**  
City & State

3. Mailing Address  
**7985 Scarborough Drive**  
Suite, Apt. #, etc.  
**Colorado Springs, CO**  
City & State

03262007 Chg-NP CR2E037 (12/06)



Zip  
**80920**

Country  
**USA**

Zip  
**80920**

Country  
**USA**

4. FEI Number  
**83 0449569**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

ROGERS, JONATHAN  
1144 SE 16TH ST  
OCALA, FL 34471

## 7. Name and Address of New Registered Agent

Name  
**Andy Campbell**  
Street Address (P.O. Box Number is Not Acceptable)  
**2444 SE 18th Circle**  
City  
**Ocala** FL Zip Code  
**34471**

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

**Jonathan Rogers - President**  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-4-07**  
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

**Make check payable to**  
**Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
ROGERS, JONATHAN E  
1144 SE 16TH ST  
OCALA, FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
KNIGHT, CECIL  
250 CENTENARY AVE  
CLEVELAND, TN 37311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
ROGERS, MONICA  
1144 SE 16TH ST  
OCALA, FL 34471 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**7985 Scarborough Drive**  
**Colorado Springs, CO 80920**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
**7985 Scarborough Drive**  
**Colorado Springs, CO 80920**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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 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:

**Jonathan E. Rogers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-07**  
Date

**719-482-4329**  
Daytime Phone #

**Jonathan E. Rogers - President**