2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N06000002313

Entity Name: PAT LASETER MINISTRIES, INC.

Current Principal Place of Business:

124 PARKWOOD DR. S.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

P O BOX 213355
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 04-3847672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASETER, PATRICIA A
124 PARKWOOD DR. S.
ROYAL PALM BEACH, FL 33411 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:	P	( ) Delete
Name:	LASETER, PATRICIA A	
Address:	P O BOX 213355	
City-St-Zip:	ROYAL PALM BEACH, FL 33421	
Title:	VP	( ) Delete
Name:	BURTON, PATRICK L	
Address:	3176 #49 N. JOG ROAD	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	TREA	( ) Delete
Name:	ROBINSON, ROBIN L	
Address:	124 PARKWOOD DR. S.	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	
Title:	PR	( ) Delete
Name:	STERLING-BERNARD, MARIE	
Address:	3989 168TH TRAIL NORTH	
City-St-Zip:	LOXAHATCHEE H, FL 33470	
Title:	SEC	( ) Delete
Name:	MARSHALL, MARIE	
Address:	P O BOX 211921	
City-St-Zip:	ROYAL PALM BEACH, FL 33421	

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:	PR	(X) Change ( ) Addition
Name:	GIODONNO, SIMONE	
Address:	11546 TANGERINE BLVD.	
City-St-Zip:	ROYAL PALM BEACH, FL 33412	
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: ROBIN ROBINSON TREA 04/30/2007

Electronic Signature of Signing Officer or Director — Date