2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jun 12, 2007 8:00 am Secretary of State

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DOCUMENT # N06000002725					05-10-2007 90021 025 ****70.00					
1. Entity Nam THIRD DI NORTH A	MENSION MINISTRIES INC	CORPORATED,								
Principal Plac	e of Business	Mailing Address								
10624 MEADOWLEA DRIVE		10624 MEADOWLEA DRIVE		- 1	0.00	18689				
JACKSONVILLE, FL 32218 JACKS		JACKSUNVILLE, FL 322	IACKSONVILLE, FL 32218			10000				
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11741 Tortoise Way N.								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092007 C	hg-NP	CR2E037	(12/06)		
City & Chat		Ch. & Chata						<u> </u>	aliant Fa-	
City & State		Cly & State Jacksonville , PL			66-17	77157	"/	No	ptied For x Applicable	
Zip	Country	Zip 32256	Country US	ļ	5. Certificate of S	tatus Desired		8.75 Add se Require		
	8. Name and Address of Current	<u> </u>	1	<u>i</u>	,7. Name and Add	dress of New Ro				
			Name							
WILSON, APRIL . 10624 MEADOWLEA DRIVE			Street A	Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE, FL 32218					tortoise W		<u> </u>			
i			City			ay N.	-	Zip Cod	9	
					onville		FL	1	32218	
The above the oblications	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office o	r registere	ed agent, or both, in	the State of Flor	rida. 1 am far	miliar with.	and accept	
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SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable (NOTE	: Regetered Agent signs:	hure required s	when minutating)	<u> </u>	DATE) <u>טש</u>	
SIGNATURE	•		: Regelered Agent eigner			S				
SIGNATURE	Spinare, typed or private frame of registered again of Filling Fee is \$61,25 Due by May 1, 2007		npaign Financing		\$5.00 May Be Added to Fees		DATE DATE DATE da Departn	payable to	•	
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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 each; 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.

Watina Bellany

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