FILED
May 03, 2007 8:00 am
Secretary of State
04-13-2007 90170 044 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000002985

1. Entity Name
RANDY JOHNSON MINISTRIES, INC.

Principal Place of Business	Mailing Address
1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837	1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837

04092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1712 PEREGRINE FALCONS WAY			
Suite, Apt. #, etc.: 104		Suite, Apt. #, etc.	
City & State: ORLANDO, FLA.		City & State	
Zip: 32837	Country: ORANGE	Zip	Country

4. FEI Number: called IRS N/A – not needed — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, RANDY DR.
1712 PEREGRINE FALSONS WAY, #104
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, RANDY DR. 1712 PEREGRINE FALSONS WAY, #104 ORLANDO, FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: Randy Johnson / RANDY Johnson 4/11/07 (407)812-6593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #