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
1712 PEREGRINE FALSONS WAY, #104
ORLANDO, FL 32837

Mailing Address
1712 PEREGRINE FALSONS WAY, #104
ORLANDO, FL 32837

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04092007 Chg-NP CR2E037 (12/06)

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 resigning) 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		
TITLE	P	☐ Delete
NAME	JOHNSON, RANDY DR.	
STREET ADDRESS	1712 PEREGRINE FALSONS WAY, #104	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #