

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003304

FILED
Mar 19, 2008
Secretary of State

Entity Name: DAN WADE MINISTRIES, INC.

Current Principal Place of Business:

1830 PAULINE DR
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

PO BOX 1385
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 51-0581908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADE, DANIEL E
1830 PAULINE DR
WINTER HAVEN, FL 33881 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: T () Delete
Name: WADE, T JANE
Address: 1830 PAULINE DR
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: V () Delete
Name: JOHNSON, ROBERT
Address: 1492 AVOCADO AVE
City-St-Zip: MELBOURNE, FL 32936 US

Title: D () Delete
Name: FARLEY, RICHARD L
Address: 1075 SUNSHINE WAY
City-St-Zip: WINTER HAVEN, FL 33880 US

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:

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: DANIEL E. WADE

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date