## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003884

Entity Name: PERHAPS TODAY MINISTRIES, INC.

FILED Jan 04, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4670 BERRY RD HOLT, FL 32564 **Current Mailing Address: New Mailing Address:** 4670 BERRY RD HOLT, FL 32564 FEI Number: 43-2103175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARPENTER, CECIL G JR. 4670 BERRY RD HOLT, FL 32564 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CARPRNTER, CECIL G JR. CARPENTER, CECIL G JR. Name: Name: 4670 BERRY RD Address: 4670 BERRY RD Address: City-St-Zip: HOLT, FL 32564 City-St-Zip: HOLT, FL 32564 Title: Title: (X) Change ( ) Addition ( ) Delete CARPRNTER, MARY K CARPENTER, MARY K Name: Name: Address: 4670 BERRY RD Address: 4670 BERRY RD City-St-Zip: HOLT, FL 32564 City-St-Zip: HOLT, FL 32564 Title: () Delete Title: () Change () Addition GAY, JESSICA R Name: Name: Address: 176 JULE RD Address: City-St-Zip: APALACHICOLA, FL 32320 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: DAWSON, GLENDA 605 EAST SOUTHSIDE DR Address: Address: City-St-Zip: City-St-Zip: HOLT, FL 32564 Title: () Delete Title: ( ) Change (X) Addition SUTON, RYAN Name: Name: 406 WEST MAIN STREET Address: Address: City-St-Zip: City-St-Zip: FESTUS, MO 63028 Title: () Delete Title: ( ) Change (X) Addition JONES, RICKY Name: Name: Address: Address: 302 TALLAHASSEE ST EASTPOINT, FL 32328 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CECIL G. CARPENTER, JR. P 01/04/2007