

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-12-2007 90077 007 ****70.00

40013770



02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000004313 1. Entity Name PAT CLARKE INTERNATIONAL MINISTRIES, INC.					
Principal Place of Business 4701 6TH ST. SOUTH ST. PETERSBURG, FL 33705			Mailing Address P. O. BOX 16881 ST. PETERSBURG, FL 33733		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 34-2064373	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARKE, PAULINE 4701 6TH ST. SOUTH ST. PETERSBURG, FL 33705				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (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. <input type="checkbox"/>		\$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	PD CLARKE, PAULINE <input type="checkbox"/> Delete 4701 6TH ST. SOUTH ST. PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARKE, LAFRANCE JR. <input type="checkbox"/> Delete 4701 6TH ST. SOUTH ST. PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARKE, MARCELLINE A <input type="checkbox"/> Delete 4020A LAKEWOOD CLUB DR. SOUTH ST. PETERSBURG, FL 33712				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARKE, LAFRANCE A SR. <input type="checkbox"/> Delete 4701 6TH ST. SOUTH ST. PETERSBURG, FL 33705				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NORMA <input type="checkbox"/> Delete 7924 GULF RD. SOUTH JACKSONVILLE, FL 32244				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>PAULINE CLARKE</u> <u>2/9/07</u> <u>727 864 3891</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					