2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2008
Secretary of State

DOCUMENT# N06000004313

Entity Name: PAT CLARKE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

4701 6TH ST. SOUTH
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 16881
ST. PETERSBURG, FL 33733

New Mailing Address:

FEI Number: 34-2064373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLARKE, PAULINE
4701 6TH ST. SOUTH
ST. PETERSBURG, FL 33705 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: PD ( ) Delete
Name: CLARKE, PAULINE
Address: 4701 6TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD ( ) Delete
Name: CLARKE, LAFRANCE JR.
Address: 4701 6TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: SD ( ) Delete
Name: CLARKE, MARCELLINE A
Address: 4020A LAKEWOOD CLUB DR. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: TD ( ) Delete
Name: CLARKE, LAFRANCE A SR.
Address: 4701 6TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D ( ) Delete
Name: WILLIAMS, NORMA
Address: 7924 GULF RD. SOUTH
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BRICKHOUSE, THEODOSIA
Address: 100 BANYON BAY DR.
City-St-Zip: ST. PETERSBURG, FL 33705

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: PAULINE CLARKE PD 02/16/2008

Electronic Signature of Signing Officer or Director — Date