

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004688

FILED
Feb 15, 2007
Secretary of State

Entity Name: GRAFTED BRANCHES MINISTRY, INC.

Current Principal Place of Business:

P O BOX 3582
TALLAHASSEE, FL 32315

New Principal Place of Business:

404 PINEY RD
TALLAHASSEE, FL 32305

Current Mailing Address:

P O BOX 3582
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 65-1277855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWRY, JACQUELINE E
404 PINEY RD
TALLAHASSEE, FL 323055210 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: P () Delete
Name: NEWRY, JACQUELINE E
Address: 404 PINEY RD
City-St-Zip: TALLAHASSEE, FL 323055210

Title: VP () Delete
Name: KELLY, PAMELA
Address: 300 SKYLINE DR
City-St-Zip: THOMASVILLE, GA 31757

Title: D () Delete
Name: NEWRY, SHAUNTE D
Address: 404 PINEY RD
City-St-Zip: TALLAHASSEE, FL 323055210

Title: D () Delete
Name: NEWRY, JAHDIEL L
Address: 1547 MCCASKILL AVE - # 10
City-St-Zip: TALLAHASSEE, FL 32310

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: D (X) Change () Addition
Name: NEWRY, JAHDIEL L
Address: 404 PINEY RD
City-St-Zip: TALLAHASSEE, FL 32310

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: JACQUELINE NEWRY

P

02/15/2007

Electronic Signature of Signing Officer or Director

Date