

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005199

FILED
Mar 05, 2007
Secretary of State

Entity Name: FULL PARDON MINISTRIES, INC.

Current Principal Place of Business:

158 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

158 SPRING CHASE CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 22-3933950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, JONATHAN W
171 CIRCLE DRIVE
MAITLAND, FL 32751 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: D () Delete
Name: MATHER, MICHAEL
Address: 409 ALPINE ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: MUMEY, MITCHNER
Address: 1338 NORTH MARCY DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: PATTON, TOM
Address: 4917 ELI STREET
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: WINTER, JIM
Address: 2963 PAOLINI DRIVE
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: CASTO, JOHN W
Address: 158 SPRING CHASE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 327146519

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LANGER, FRED
Address: 816 POINT PLEASANT PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: D (X) Change () Addition
Name: CASTO, JOHN W
Address: 158 SPRING CHASE CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 327146519

Title: D (X) Change () Addition
Name: FREEMAN, HOBY
Address: 2007 DONNELLY PLACE
City-St-Zip: MT. DORA, FL 32757

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: JOHN W. CASTO

D

03/05/2007

Electronic Signature of Signing Officer or Director

Date