

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005566

FILED
Apr 18, 2007
Secretary of State

Entity Name: SAMANTHA PHILLIPS MINISTRIES, INC.

Current Principal Place of Business:

3990 MARIETTA WAY
ST CLOUD, FL 34772

New Principal Place of Business:

3313 WESTSHORE DRIVE
ST CLOUD, FL 34772

Current Mailing Address:

3990 MARIETTA WAY
ST CLOUD, FL 34772

New Mailing Address:

3313 WESTSHORE DRIVE
ST CLOUD, FL 34772

FEI Number: 20-4876131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIPS, SAMANTHA
3990 MARIETTA WAY
ST CLOUD, FL 34772 US

Name and Address of New Registered Agent:

PHILLIPS, SAMANTHA
3313 WESTSHORE DRIVE
ST CLOUD, FL 34772 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:

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PHILLIPS, SAMANTHA
Address: 3990 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

Title: CEO (X) Delete
Name: PHILLIPS, SAMANTHA
Address: 3990 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

Title: DV () Delete
Name: PHILLIPS, MICHAELA
Address: 3990 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

Title: DS () Delete
Name: PHILLIPS, PATRICIA
Address: 3990 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PHILLIPS, SAMANTHA
Address: 3313 WESTSHORE DRIVE
City-St-Zip: ST CLOUD, FL 34772

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

Title: DS (X) Change () Addition
Name: OTERO, COLEEN
Address: 3974 MARIETTA WAY
City-St-Zip: ST CLOUD, FL 34772

Title: DC (X) Change () Addition
Name: DAVIS, OLIVE
Address: 5041 SANTA CLARA DRIVE
City-St-Zip: ORLANDO, FL 32837

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: SAMANTHA PHILLIPS

DP

04/18/2007

Electronic Signature of Signing Officer or Director

Date