

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005691

FILED
Mar 29, 2007
Secretary of State

Entity Name: FULL CIRCLE MINISTRIES, INC.

Current Principal Place of Business:

4603 RUE BORDEAUX
LUTZ, FL 33558

New Principal Place of Business:

Current Mailing Address:

4603 RUE BORDEAUX
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-4949059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMBAS, CHRISTOPHER J
4603 RUE BORDEAUX
LUTZ, FL 33558 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: CAMBAS, CHRISTOPHER J
Address: 4603 RUE BORDEAUX
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: CAMBAS, LORI M
Address: 4603 RUE BORDEAUX
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: SACHS, MARSHA
Address: 18823 WIMBLEDON CIRCLE
City-St-Zip: LUTZ, FL 33558

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:

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: CHRISTOPHER CAMBAS

D

03/29/2007

Electronic Signature of Signing Officer or Director

Date