


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90024 024 \*\*\*\*61.25

<b>DOCUMENT # N06000006128</b>		
1. Entity Name <b>N.O.W. MINISTRY CORP.</b>		

Principal Place of Business <b>143 RANDON TERRACE LAKE MARY FL 32746</b>	Mailing Address <b>143 RANDON TERRACE LAKE MARY FL 32746</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number <b>13-4338385</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MITCHELL, DENNIS N 143 RANDON TERRACE LAKE MARY FL 32746</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES MITCHELL, DENNIS N 143 RANDON TERRACE LAKE MARY FL 32746</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP. HILL-MITCHELL, GLORIA 143 RANDON TERRACE LAKE MARY FL 32746</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. PLUMMER, JOI 172-24 133RD AVE., BLDG. 16, #3C JAMAICA NY 11434</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. PLUMMER, ALAN 3RD. 172-24 133RD. AVE. BLDG., 16, # 3C JAMAICA NY 11434</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. DOLVIN, MICHAEL G JR. 1832 ALAMBRA CIRCLE APOPKA FL 32703</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. DOLVIN, ANTOINETTE 1832 ALAMBRA CIRCLE APOPKA FL 32703</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. Lamont HAZELL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1009 Fairway Drive Chesapeake, VA 23320</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dennis N. Mitchell* **03/14/08 407-549-5145**