2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N06000006266

Entity Name: CSABA KOVACS MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

32629 7TH AVE
SAN ANTONIO, FL 33576 US

New Principal Place of Business:

Current Mailing Address:

32629 7TH AVE
SAN ANTONIO, FL 33576 US

New Mailing Address:

FEI Number: 75-3235192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOVACS, CSABA
32629 7TH AVE
SAN ANTONIO, FL 33576 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: KOVACS, CSABA
Address: 32629 7TH AVE
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: V ( ) Delete
Name: KOVACS, ARANKA A
Address: 32629 7TH AVE
City-St-Zip: SAN ANTONIO, FL 33576 US

Title: D ( ) Delete
Name: WILSON, TROY
Address: 4539 DEVONSHIRE AVE
City-St-Zip: SPRING HILL, FL 34609 US

Title: D ( ) Delete
Name: WILSON, MARGARET
Address: 4539 DEVONSHIRE AVE
City-St-Zip: SPRING HILL, FL 34609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: WILSON, TROY
Address: 1213 ROCKHAMPTON LANE
City-St-Zip: DOVER, FL 33527 US

Title: D (X) Change ( ) Addition
Name: WILSON, MARGARET
Address: 1213 ROCKHAMPTON LANE
City-St-Zip: DOVER, FL 33527 US

I hereby certify that the information supplied with this filing does not qualify 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: MARGARET WILSON D 04/28/2008

Electronic Signature of Signing Officer or Director — Date