

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90038 020 ****70.00

DOCUMENT # N06000006503 1. Entity Name EYE OF THE STORM MINISTRIES, INC.					
Principal Place of Business 6956 EDGEWATER DRIVE SUITE 301 ORLANDO, FL 32810			Mailing Address 6956 EDGEWATER DRIVE SUITE 301 ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box # 859 E. 20th Street Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Sanford, Florida Zip 32771		City & State Zip Country US		4. FEI Number 01122007 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HOENIG, GARY L 6956 EDGEWATER DRIVE SUITE 301 ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name Marlene E. Hoernig Street Address (P.O. Box Number is Not Acceptable) 859 E. 20th Street City Sanford, Fla. 32771 State FL Zip Code 32771		
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 Marlene E. Hoernig Marlene E. Hoernig 5/1/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENIG, MARLENE E 6956 EDGEWATER DRIVE, SUITE 301 ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENIG, GARY 6956 EDGEWATER DRIVE, SUITE 301 ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAVERICK HOENIG 859 E. 20th St. Sanford, Fla. 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENIG, MAVERICK 543 POTTER WOODBERRY ROAD HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Derrick Colt Hoernig 859 E. 20th St. Sanford, Fla 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOENIG, DERRICK COLT 543 POTTER WOODBERRY ROAD HAVANA, FL 32333	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Derrick Colt Hoernig 859 E. 20th St. Sanford, Fla 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marlene E. Hoernig <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					