2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007074

FILED May 23, 2008 Secretary of State

| ne: 3 MINISTERS OF GOD MINISTRIES rincipal Place of Business: ORIDA AVE L 33602 US | New Principal Place of Busir | iess: |
|--|--|--|
| ORIDA AVE L 33602 US | · | iess: |
| L 33602 US | | |
| ailing Address: | | |
| | New Mailing Address: | |
| WN VISTA DR W, FL 33569 | | |
| | | icate of Status Desired () |
| Address of Current Registered Agent: | Name and Address of New R | egistered Agent: |
| WNVISTA DR W, FL 33569 US | | |
| | e purpose of changing its registered office o | r registered agent, or both, |
| RE: | | |
| | Agent | Date |
| S AND DIRECTORS: | ADDITIONS/CHANGES TO O | FFICERS AND DIRECTORS: |
| D () Delete DAVIDSON, SHON PROPHET 12225 DAWN VISTA DR RIVERVIEW, FL 33569 | Title: () Chang Name: Address: City-St-Zip: | e () Addition |
| KIVEKVIEW, I E 33308 | Oity-5t-2ip. | |
| D () Delete LEVERETT, THERESA MINIS. 9551 ROCKHILL DR THONOTASSA, FL | • • | e () Addition |
| | W, FL 33569 : 56-2598552 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent: N, CHARLES PASTOR WNVISTA DR W, FL 33569 US Inamed entity submits this statement for the of Florida. RE: Electronic Signature of Registered AGENT SAND DIRECTORS: D () Delete DAVIDSON, SHON PROPHET 12225 DAWN VISTA DR | W, FL 33569 2: 56-2598552 FEI Number Applied For () FEI Number Not Applicable () Certifice with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. I Address of Current Registered Agent: Name and Address of New R N, CHARLES PASTOR WNVISTA DR W, FL 33569 US Inamed entity submits this statement for the purpose of changing its registered office of electronic Signature of Registered Agent S AND DIRECTORS: ADDITIONS/CHANGES TO O D () Delete Title: () Chang DAVIDSON, SHON PROPHET Name: 12225 DAWN VISTA DR Address: |

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: PASTOR CHARLES DAVIDSON MR 05/23/2008