## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007095

Title:

Name:

Address: City-St-Zip:

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FILED Aug 13, 2008 Secretary of State

Entity Name: KELVIN L. COBARIS MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7707 REX HILL TRAIL ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** P. O. BOX 680599 ORLANDO, FL 32868 FEI Number: 36-4592512 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCOY, ASHLEY 1081 S. KIRKMAN ROAD APT. 156 ORLANDO, FL 32811 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COBARIS, KELVIN L Name: Name: Address: 7707 REX HILL TRAIL Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MCCOY, ASHLEY Name: Address: 1081 S. KIRKMAN ROAD, #156 Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: () Delete Title: () Change () Addition COBARIS, DIEDRA Name: Name: 7707 REX HILL TRAIL Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WASH, JARVIS Name: 2502 KINGSLAND AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KELVIN COBARIS P 08/13/2008

(X) Delete

3300 WEST SOUTH STREET

COBARRIS, GINA N

ORLANDO, FL 32805

() Change () Addition