


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90079 008 \*\*\*\*61.25

<b>DOCUMENT # N06000007433</b> 1. Entity Name <b>SPIRIT &amp; SWORD MINISTRIES INC.</b>																																																																																																																																
Principal Place of Business <b>4093 MISSION BELL DRIVE</b> <b>BOYNTON BEACH, FL 33436 US</b>				Mailing Address <b>4093 MISSION BELL DRIVE</b> <b>BOYNTON BEACH, FL 33436 US</b>																																																																																																																												
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																																																																																																																													
6. Name and Address of Current Registered Agent  <b>SHAW, THOMAS E</b> <b>4093 MISSION BELL DRIVE</b> <b>BOYNTON BEACH, FL 33436</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																																																																																																																												
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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.																																																																																																																																
<b>SIGNATURE:</b> <u>Thomas E. Shaw</u> <u>Thomas E. Shaw</u> <u>04/11/07</u> <u>(561)364-2145</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																