

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90150 021 ****61.25

DOCUMENT # N06000007433 1. Entity Name SPIRIT & SWORD MINISTRIES INC.					
Principal Place of Business 4093 MISSION BELL DRIVE BOYNTON BEACH, FL 33436 US			Mailing Address 4093 MISSION BELL DRIVE BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1506470	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, THOMAS E 4093 MISSION BELL DRIVE BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	RIE, JAMES D		NAME	Shaw, Thomas E.	
STREET ADDRESS	42773 SR 36		STREET ADDRESS	4093 Mission Bell Dr.	
CITY-ST-ZIP	WARSAW, OH 43844		CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	SHAW, THOMAS E		NAME	VP Rie, James D	
STREET ADDRESS	4093 MISSION BELL DRIVE		STREET ADDRESS	42773 SR 36	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	WARSAW, OH 43844	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TREA		NAME		
STREET ADDRESS	HILL, MARTHA M		STREET ADDRESS		
CITY-ST-ZIP	41264 T. R. 58		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SEC		NAME		
STREET ADDRESS	SHAW, MARILYN S		STREET ADDRESS		
CITY-ST-ZIP	4093 MISSION BELL DRIVE		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TRUS		NAME		
STREET ADDRESS	DAVIS, RONALD F		STREET ADDRESS		
CITY-ST-ZIP	210 CHERRY ST.		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TRUS		NAME		
STREET ADDRESS	KIRCH, SHARON		STREET ADDRESS		
CITY-ST-ZIP	24890 T. R. 444		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TRUS		NAME		
STREET ADDRESS	KIRCH, SHARON		STREET ADDRESS		
CITY-ST-ZIP	24890 T. R. 444		CITY-ST-ZIP		
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: <i>Thomas E. Shaw</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04/25/08 561 364 2145 Date Daytime Phone #		