2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008
Secretary of State

DOCUMENT# N06000009576

Entity Name: TRIBE MINISTRIES, INC.

Current Principal Place of Business:

1177 LOUISANA AVENUE
SUITE 109
WINTER PARK, FL 32789

New Principal Place of Business:

7601 FOREST CITY ROAD
ORLANDO, FL 32810

Current Mailing Address:

1177 LOUISANA AVENUE
SUITE 109
WINTER PARK, FL 32789

New Mailing Address:

P.O. BOX 608607
ORLANDO, FL 32860

FEI Number: 87-0781619 **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:

SUSAN J. WILLIAMS, P.A.
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

SUSAN J. WILLIAMS, P.A.
280 SOUTH RONALD REAGAN BLVD.
SUITE 100
LONGWOOD, FL 32750 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: _____ 09/03/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: BROWN, CLINT S
Address: 1177 LOUISANA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VP (X) Delete
Name: GEORGE, DAVID
Address: 1177 LOUISANA AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: POOLE, JEFF
Address: 1177 LOUISANA AVENUE #109
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: DICCICCIO, LOU
Address: 1177 LOUISANA AVENUE #109
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: PHIPPS, GREG
Address: 1177 LOUISANA AVENUE #109
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: POOLE, JEFF
Address: 1600 TOWN PLAZA COURT, SUITE 1618
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: CLINT BROWN P/D 09/03/2008
Electronic Signature of Signing Officer or Director — Date