

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010243

FILED  
Aug 31, 2008  
Secretary of State

Entity Name: CIRCLE OF TRUST MINISTRIES, INC.

**Current Principal Place of Business:**

4733 SAN ANTONIO DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

4733 SAN ANTONIO DRIVE  
LAKELAND, FL 33813

**New Mailing Address:**

FEI Number: 22-3943493      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:**

SHOEMAKER, FRANKLIN E  
4733 SAN ANTONIO DRIVE  
LAKELAND, FL 33813      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:**

Title: MR. ( ) Delete  
Name: SHOEMAKER, FRANKLIN E PRESIDE  
Address: 4733 SAN ANTONIO DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: MRS. ( ) Delete  
Name: SHOEMAKER, TONYA A V PRES  
Address: 4733 SAN ANTONIO DR  
City-St-Zip: LAKELAND, FL 33813

Title: MR. (X) Delete  
Name: DAWSON, JOSEPH CHAIRMA  
Address: 963 WHISPERLAKE DR. SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MRS. ( ) Delete  
Name: HANSELL, KELLY J SEC  
Address: 4225 TANNER ROAD  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: FRANKLIN E. SHOEMAKER

PRES

08/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date