

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011318

FILED
Apr 30, 2007
Secretary of State

Entity Name: REGGIE PADIN MINISTRIES, INC.

Current Principal Place of Business:

6110 W 195TH AVE.
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6110 W 195TH AVE.
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADIN, REGGIE R REV.
6110 SW 195TH AVE.
PEMBROKE PINES, FL 33332 US

Name and Address of New Registered Agent:

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: P () Delete
Name: PADIN, REGGIE R
Address: 6110 SW 195TH AVE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: VP () Delete
Name: PADIN, RAMON
Address: 98 W 100TH ST
City-St-Zip: CLEVELAND, OH 44101

Title: S/T () Delete
Name: PADIN, CARMEN L
Address: 6110 SW 195TH AVE
City-St-Zip: PEMBROKE PINES, FL 33332

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:

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: REGGIE R. PADIN

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date