2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012427

City-St-Zip:

FILED Apr 03, 2007 Secretary of State

Entity Nar	ne: BRANCH	OF CHRIST MINISTRIES, INC). -			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2546 SILVERMOSS DR. WESLEY CHAPEL, FL 33543				ERMOSS DR. CHAPEL, FL 33543	US	
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
2546 SILVERMOSS DR. WESLEY CHAPEL, FL 33543				2546 SILVERMOSS DR. WESLEY CHAPEL, FL 33543 US		
FEI Number:	20-5990943	FEI Number Applied For ()	FEI Number Not Appl	licable () Certifi	cate of Status Desired (X)	
Name and	Address of C	current Registered Agent:	Name and	Address of New Re	gistered Agent:	
1201 HAYS	ATION SERVIC S STREET SSEE, FL 3230					
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or	registered agent, or both,	
SIGNATUR	RE:					
		ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () KAPLAN, PAUL 2546 SILVERM WESLEY CHAF	OSS DR.	Title: Name: Address: City-St-Zip:	P (X) Change KAPLAN, DEBRA P 2546 SILVERMOSS DR WESLEY CHAPEL, FL		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	V () Change KAPLAN, PAUL V 2546 SILVERMOSS DR WESLEY CHAPEL, FL		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T () Change HYLEN, RACHEL T 5130 CYPRESS PALMS TAMPA, FL 33647 US	: (X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S () Change HYLEN, ERIC S 5130 CYPRESS PALMS TAMPA, FL 33647 US	(X) Addition	
Title: Name:	()	Delete	Title: Name:	S () Change READ, KAY S	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip: TAMPA, FL 33647 US

SIGNATURE: DEBRA KAPLAN Ρ 04/03/2007