## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000001934

Entity Name: ALCONAR RESTORATION MINISTRIES, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2216 EAST OLIVE ROAD - SUITE 109 4286 WOODBINE ROAD

PENSACOLA, FL 32515 A & B

PACE, FL 32572-603

Current Mailing Address: New Mailing Address:

2216 EAST OLIVE ROAD - SUITE 109 4286 WOODBINE RD

PENSACOLA, FL 32515 A & B

PACE, FL 32572-603

FEI Number: 20-8539270 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEARSON, LARRY E

5950 NOTTINGHAM LANE
MILTON, FL 32570 US

BERNARD, LEIGH ANNE
107 WILDFLOWER LANE
PENSACOLA, FL 32514 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: LEIGH ANNE BERNARD 04/15/2008

Electronic Signature of Registered Agent Date

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

Title: P ( ) Delete Title: P (X) Change( ) Addition

 Name:
 PEARSON, LARRY E
 Name:
 BERNARD, LEIGH ANNE

 Address:
 2216 EAST OLIVE ROAD - SUITE 109
 Address:
 4286 WOODBINE ROAD

City-St-Zip: PENSACOLA, FL 32515 City-St-Zip: PACE, FL 32571

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: BERNARD, LEIGH A Name: HAVRANEK, JOHN SR.

 Address:
 2216 EAST OLIVE ROAD - SUITE 109
 Address:
 417 COLLINWOOD LOOP

 City-St-Zip:
 PENSACOLA, FL 32515
 City-St-Zip:
 FOLEY, AL 36535

 $\label{eq:title:start} {\sf Title:} \qquad {\sf ST} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf ST} \qquad {\sf (X) Change ( ) Addition}$ 

 Name:
 BERNARD, LEIGH A
 Name:
 HAMMONS, JOHN R

 Address:
 2216 EAST OLIVE ROAD - SUITE 109
 Address:
 20091 LOVER LANE

 City-St-Zip:
 PENSACOLA, FL 32515
 City-St-Zip:
 LONG BEACH, MS 39560

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: LEIGH ANNE BERNARD P 04/15/2008