2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N07000003804

Entity Name: NATIONS NETWORK OF MINISTERS INTERNATIONAL, INC.

Current Principal Place of Business:

1970 SOUTH CHAMBERLAIN BLVD
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

1970 SOUTH CHAMBERLAIN BLVD
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 32-0236923 **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:

STEGEMANN, ROBERT W
1970 SOUTH CHAMBERLAIN BLVD
NORTH PORT, FL 34286 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: STEGEMANN, ROBERT W
Address: 1970 SOUTH CHAMBERLAIN BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: V ( ) Delete
Name: STEGEMANN, AVIS KAY
Address: 1970 SOUTH CHAMBERLAIN BLVD
City-St-Zip: NORTH PORT, FL 34286

Title: ST ( ) Delete
Name: HIGGINBOTHAM, ARLEY
Address: 104 SOUTH ADAMS STREET
City-St-Zip: NORTH PORT, FL 34386

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: HIGGINBOTHAM, ARLEY
Address: 1004 SOUTH ADAMS STREET
City-St-Zip: NORTH PORT, FL 34386

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: ARLEY W. HIGGINBOTHAM ST 07/11/2008

Electronic Signature of Signing Officer or Director — Date