2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2008
Secretary of State

DOCUMENT# N07000005962

Entity Name: ELLIOTT MINISTRIES, INC.

Current Principal Place of Business:

2734 W SUNRISE ST
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

2734 W SUNRISE ST
LECANTO, FL 34461

New Mailing Address:

111 WEST MAIN
SUITE 207
INVERNESS, FL 34450

FEI Number: 26-0596217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, R A
2734 W SUNRISE ST
LECANTO, FL 34461 US

Name and Address of New Registered Agent:

COHEN, R A
111 WEST MAIN
SUITE 207
INVERNESS, FL 34461 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: R. A. COHEN 01/21/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ELLIOTT, TROY
Address: 2734 W SUNRISE ST
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete
Name: ELLIOTT, GRACE
Address: 2734 W SUNRISE ST
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete
Name: DAVID, MARC ALLEN
Address: 417 W SAN DIEGO ST
City-St-Zip: TULSA, OK 74011

Title: D ( ) Delete
Name: PERRONE, CAROLYN
Address: 4361 N PINE VALLEY LOOP
City-St-Zip: LECANTO, FL 34461

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: TROY ELLIOTT D 01/21/2008
Electronic Signature of Signing Officer or Director Date