

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006425

FILED
Apr 30, 2008
Secretary of State

Entity Name: ASCENSION GLOBAL MINISTRIES, INC.

Current Principal Place of Business:

85B SE 6TH AVE
DELRAY BEACH, FL 33483

New Principal Place of Business:

258 SE 6TH AVE
DELRAY BEACH, FL 33483

Current Mailing Address:

PO BOX 812405
BOCA RATON, FL 33481

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:

ELLIOTT, SONIA B DR.
222 BRIGHTON F
BOCA RATON, FL 33434 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: ELLIOTT, SONIA B DR.
Address: 222 BRIGHTON F
City-St-Zip: BOCA RATON, FL 33434

Title: DIR () Delete
Name: LATORE, ELENA I
Address: 2003 LINCOLN A
City-St-Zip: BOCA RATON, FL 33434

Title: DIR () Delete
Name: DARVILLE, ANNIE M DR.
Address: 516 NW 5TH ST
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DIR () Delete
Name: BLANCHARD, RASHAD G
Address: 222 BRIGHTON F
City-St-Zip: BOCA RATON, FL 33434

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: DR. SONIA B. ELLIOTT

PR

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date