

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# N07000008044

Entity Name: CATALYST MINISTRIES, INC.

Current Principal Place of Business:

27313 RUE DE PAIX
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

27313 RUE DE PAIX
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
TALLAHASSEE, FL 32301 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: DP () Delete
Name: SMITH, WILLIAM
Address: 27313 RUE DE PAIX
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT () Delete
Name: SMITH, JEANNE
Address: 27313 RUE DE PAIX
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS () Delete
Name: LISTELLO, ROBIN
Address: 17950 CASTLE HARBOR DR
City-St-Zip: FT MYERS, FL 33912

Title: DV () Delete
Name: RODRIGUEZ, MARK
Address: 20616 E GOLDEN ELM DR
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: RODRIGUEZ, JULIE
Address: 20616 E GOLDEN ELM DR
City-St-Zip: ESTERO, FL 33928

Title: D () Delete
Name: SCHMIDT, BRUCE
Address: 27313 RUE DE PAIX
City-St-Zip: BONITA SPRINGS, FL 34135

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:

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: WILLIAM SMITH

DP

08/26/2008

Electronic Signature of Signing Officer or Director

Date