2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N07000008781

Entity Name: FELECIA L. BURSE MINISTRIES, INC.

Current Principal Place of Business:

537 SW 10TH STREET
SUITE 3
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

537 SW 10TH STREET
SUITE 3
BELLE GLADE, FL 33430

New Mailing Address:

13897 FOLKSTONE CIR
WELLINGTON, FL 33414

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:

BURSE, FELECIA L
537 SW 10TH STREET
SUITE 3
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

BURSE, FELECIA L
13897 FOLKSTONE CIR
WELLINGTON, FL 33414 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: _____ 07/08/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BURSE, FELECIA L
Address: 537 SW 10TH STREET #3
City-St-Zip: BELLE GLADE, FL 33430

Title: S ( ) Delete
Name: FULLER, JAN
Address: 537 SW 10TH STREET #3
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete
Name: TOMMIE, DEVONNA
Address: 190 N SR 715 #253
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BURSE, FELECIA L
Address: 13897 FOLKSTONE CIR
City-St-Zip: WELLINGTON, FL 33414

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: FELECIA L BURSE P 07/08/2008
Electronic Signature of Signing Officer or Director — Date