

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2008  
Secretary of State**

DOCUMENT# N07000008885

Entity Name: MANCAVE MINISTRIES INC.

**Current Principal Place of Business:**

5431 US 98TH SOUTH  
HIGHLAND CITY, FL 33846

**New Principal Place of Business:**

5431 US 98 SOUTH  
HIGHLAND CITY, FL 33846

**Current Mailing Address:**

P. O. BOX 607  
HIGHLAND CITY, FL 33846

**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:**

ROGERS, WILLIAM T  
5431 US 98TH SOUTH  
HIGHLAND CITY, FL 33846    US

**Name and Address of New Registered Agent:**

ROGERS, WILLIAM T  
5431 US 98 SOUTH  
HIGHLAND CITY, FL 33846    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: \_\_\_\_\_ 01/07/2008  
Electronic Signature of Registered Agent                      Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      ROGERS, WILLIAM T  
Address:                      P. O. BOX 607  
City-St-Zip:                      HIGHLAND CITY, FL 33846

Title:                      D                      ( ) Delete  
Name:                      ROGERS, HOLLY  
Address:                      P. O. BOX 607  
City-St-Zip:                      HIGHLAND CITY, FL 33846

Title:                      D                      ( ) Delete  
Name:                      ROGERS, CARSON  
Address:                      P. O. BOX 607  
City-St-Zip:                      HIGHLAND CITY, FL 33846

**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:

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 T. ROGERS                      PRES                      01/07/2008  
Electronic Signature of Signing Officer or Director                      Date