# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 28, 2008**
**Secretary of State**

DOCUMENT# N07000009291

**Entity Name:** SURVIVOR DEVELOPMENT MINISTRY, INC.

**Current Principal Place of Business:**

330 MIDWEST PARKWAY
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

330 MIDWEST PARKWAY
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number: 26-0485925** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

POPE, KIMBERLY A
330 MIDWEST PARKWAY
SARASOTA, FL 34232 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: POPE, KIMBERLY A
Address: 330 MIDWEST PARKWAY
City-St-Zip: SARASOTA, FL 34232

Title: V ( ) Delete
Name: POPE-NIX, KATHY
Address: 3821 WOODROW RIDGE
City-St-Zip: SARASOTA, FL 34232

Title: T ( ) Delete
Name: BEDORE, LINDA
Address: 3836 HAWKEYE CIRCLE
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete
Name: DOUGHERTY, STACEY
Address: 3751 KOSTEN PLACE
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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: D ( ) Change (X) Addition
Name: DIGIOVANNI, BOBBI A
Address: 330 MIDWEST PARRWAY
City-St-Zip: SARASOTA, FL 34232 US

Title: D ( ) Change (X) Addition
Name: WILLETT, MARK
Address: 330 MIDWEST PARKWAY
City-St-Zip: SARASOTA, FL 34232 US

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: KIMBERLY ANN POPE PRES 04/28/2008

Electronic Signature of Signing Officer or Director — Date