2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# N07000010980

Entity Name: ALOMA CHURCH MINISTRIES, INC.

Current Principal Place of Business:

1815 STATE ROAD 436
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1815 STATE ROAD 436
WINTER PARK, FL 32792

New Mailing Address:

FEI Number: 26-1423931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAMER, CHARLES W
1411 EDGEWATER DRIVE SUITE 200
ORLANDO, FL 32804 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: D ( ) Delete
Name: CRAWFORD, OWEN
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: COLE, JIM
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: LAFOY, BRYANT
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Delete
Name: STURGILL, HARLEY
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

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: PENNINGTON, WES
Address: 1815 STATE ROAD 436
City-St-Zip: ORLANDO, FL 32810

Title: S ( ) Change (X) Addition
Name: WILMA, BOZENHARDT
Address: 1815 STATE ROAD 436
City-St-Zip: WINTER PARK, FL 32792

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: OWEN CRAWFORD D 04/25/2008

Electronic Signature of Signing Officer or Director — Date