

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 2012
Secretary of State

DOCUMENT# N11000011190

Entity Name: CAVE OF ADULLAM MINISTRY INC.**Current Principal Place of Business:**7818 FALLING LEAF PLACE
MELBOURNE, FL 32940**New Principal Place of Business:**7818 FALLING LEAF PLACE
MELBOURNE, FL 32940 US**Current Mailing Address:**7818 FALLING LEAF PLACE
MELBOURNE, FL 32940**New Mailing Address:**P. O. BOX 561598
ROCKLEDGE, FL 329561598 US**FEI Number:** 45-3989121**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SWALLOW, MARK
7818 FALLING LEAF PLACE
MELBOURNE, FL 32940 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
Name: SWALLOW, MARK
Address: 7818 FALLING LEAF PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: V
Name: GERVAIS, LEWIS
Address: 1731 HAMILTON AVE
City-St-Zip: PALM BAY, FL 32908

Title: S
Name: STAPLES, MAREA
Address: 2049 CALEDONIA
City-St-Zip: VEIRA, FL 32940

Title: T
Name: TAYLOR, SIDNEY
Address: 4125 HEMLOCK LANE
City-St-Zip: TITUSVILLE, FL 32940

I hereby 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 all other like empowered.

SIGNATURE: MARK SWALLOW

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date