

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11180

FILED
Mar 27, 2007
Secretary of State

Entity Name: CROWN MINISTRIES, INC.

Current Principal Place of Business:

601 BROAD STREET SE
GAINESVILLE, GA 305013790

New Principal Place of Business:

Current Mailing Address:

601 BROAD STREET SE
GAINESVILLE, GA 305013790

New Mailing Address:

FEI Number: 59-2635539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 N EOLA DRIVE
ORLANDO, FL 32801 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: VC () Delete
Name: PARKER, TERRY MR.
Address: 1100 JOHNSON FERRY RD., STE. 900
City-St-Zip: ATLANTA, GA 30342 US

Title: CEO () Delete
Name: DAYTON, HOWARD
Address: 601 BROAD STREET SE
City-St-Zip: GAINESVILLE, GA 30501 US

Title: SEC () Delete
Name: LEONARD, WILLIAM
Address: 6100 LAKE FORREST DR., STE. 530
City-St-Zip: ATLANTA, GA 30328 US

Title: DIR () Delete
Name: CASH, STEADY
Address: 601 BROAD STREET SE
City-St-Zip: GAINESVILLE, GA 30501 US

Title: COO () Delete
Name: REIFF, STANLEY SR.
Address: 601 BROAD STREET SE
City-St-Zip: GAINESVILLE, GA 305013790 US

Title: C () Delete
Name: BLUE, RON
Address: 5605 GLENRIDGE DR., STE. 845
City-St-Zip: ATLANTA, GA 30342 US

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
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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 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: KELLY G. SHEPARD

CFO

03/27/2007

Electronic Signature of Signing Officer or Director

Date