# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 03, 2008**
**Secretary of State**

DOCUMENT# N18230

**Entity Name:** ROYAL PALM MINISTRIES, INC.

**Current Principal Place of Business:**

THE FORUM
1705 COLONIAL BLVD. BUILDING D-2
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

THE FORUM 1705 COLONIAL BLVD.
BUILDING D-2
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number: 59-2764864** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

DEDEUGD, MARIANNE
17220 CASTLEVIEW DRIVE
N. FT. MYERS, FL 33917 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: | ST | ( ) Delete |
| Name: | SHEARN, JOSEPH P, | |
| Address: | 1818 S.E. 20TH STREET | |
| City-St-Zip: | CAPE CORAL, FL 33990 | |
| Title: | DPD | ( ) Delete |
| Name: | DEDEUGD, MARRIANE, | |
| Address: | 17220 CASTLEVIEW DRIVE | |
| City-St-Zip: | N. FORT MYERS, FL 33917 | |
| Title: | D | ( ) Delete |
| Name: | LEN ALVEREZ, | |
| Address: | 21 SNOW DRIVE | |
| City-St-Zip: | FT. MYERS, FL 33919 | |
| Title: | D | ( ) Delete |
| Name: | MARIEH, CATHERINE, | |
| Address: | 14050 CARIBEAN BLVD | |
| City-St-Zip: | FORT MYERS, FL 33905 | |
| Title: | D | ( ) Delete |
| Name: | DR. JAMES COY, | |
| Address: | 210 SE 16TH TERRACE | |
| City-St-Zip: | CAPE CORAL, FL 33990 | |

**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: | ( ) 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: JOSEPH P. SHEARN TREA 07/03/2008

Electronic Signature of Signing Officer or Director — Date