

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90478 041 ****61.25

DOCUMENT # N19001				
1. Entity Name PROVERBS 31 MINISTRIES INC.				
Principal Place of Business P.O. BOX 492841 LEESBURG, FL 34749-2841		Mailing Address 100A-2 OAK TERRACE DR LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box # 100A-2 E. Oak Terrace Dr Suite, Apt. #, etc. Leesburg		3. Mailing Address Suite, Apt. #, etc.		
City & State FL		City & State		
Zip 34748	Country Lake	Zip		
6. Name and Address of Current Registered Agent SELLAR, CHARLES 907 WEBSTER STREET LEESBURG, FL 34748		Name Barbara Martin Street Address (P.O. Box Number is Not Acceptable) 100A-2 E. Oak Terrace Drive Leesburg City FL Zip Code 34748		
7. Name and Address of New Registered Agent				
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE <i>Barbara Martin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>4-28-07</i> <small>(NOTE: Registered Agent signature required when remitting)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, BARBARA H 100 A-2 OAK TERRACE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUX, RHODA 914 N SHORE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, EDWARD C 100-A2 OAK TERRACE DRIVE LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T.D. Alice Parle</i> <i>303 1/2 Street</i> <i>Leesburg, FL 34748</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERLEY, KARIN A 112 N 12TH STREET LEESBURG, FL 34748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <i>Barbara Martin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4-28-07</i> <small>(352)</small> <i>728-6933</i> <small>Daytime Phone #</small>		