


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N19001</b> 1. Entity Name <b>PROVERBS 31 MINISTRIES INC.</b>					
Principal Place of Business <b>P.O. BOX 492841</b> <b>LEESBURG, FL 34749-2841</b>			Mailing Address <b>100A-2 OAK TERRACE DR</b> <b>LEESBURG, FL 34748</b>		
2. Principal Place of Business - No P.O. Box # <b>100A-2 E. Oak Terrace Dr</b> Suite, Apt. #, etc. <b>Leesburg</b> City & State <b>FL</b>			3. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>34748</b> Country <b>Lake</b>		
4. FEI Number <b>59-2781611</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>SELLAR, CHARLES</b> <b>907 WEBSTER STREET</b> <b>LEESBURG, FL 34748</b>			7. Name and Address of New Registered Agent Name <b>Barbara Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>100A-2 E. Oak Terrace Drive</b> <b>Leesburg</b> City <b>FL</b> Zip Code <b>34748</b>		
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 <u>Barbara Martin - (Barbara Martin)</u> <b>4-28-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	VD HUX, RHODA 914 N SHORE DRIVE LEESBURG, FL 34748	<input type="checkbox"/> Delete			
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	SD BERLEY, KARIN A 112 N 12TH STREET LEESBURG, FL 34748	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Alice Carle 303 11th Street Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 617, 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.					
<b>SIGNATURE:</b> <u>Barbara Martin (Barbara Martin)</u> <b>4-28-07</b> <b>728-6933</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					