


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N19001 1. Entity Name PROVERBS 31 MINISTRIES INC.	
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Principal Place of Business 100A-2 OAK TERRACE DR LEESBURG, FL 34749-2841	Mailing Address 100A-2 OAK TERRACE DR LEESBURG, FL 34748
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2781611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTIN, BARBARA
100A-2 OAK TERRACE DR
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, BARBARA H 100 A-2 OAK TERRACE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUX, RHODA 914 N SHORE DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLE, ALICE 303 11TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERLEY, KARIN A 112 N 12TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/08-80012-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Barbara Martin* *Barbara Martin* *1-13-2008* *728-6933*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #