2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N19611

Entity Name: JOHN DAVID KIRBY MINISTRIES, INC.

Current Principal Place of Business:

% JOHN D. KIRBY
4690 WOODSTOCK ROAD
SAINT JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

% JOHN D. KIRBY
4690 WOODSTOCK ROAD
SAINT JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-2779016 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRBY, JOHN D.
4690 WOODSTOCK ROAD
SAINT JAMES CITY, FL 33956 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:	DP	( ) Delete
Name:	KIRBY, JOHN D.,	
Address:	4690 WOODSTOCK ROAD	
City-St-Zip:	SAINT JAMES CITY, FL	
Title:	DST	( ) Delete
Name:	KIRBY, SARAH C.,	
Address:	4690 WOODSTOCK ROAD	
City-St-Zip:	SAINT JAMES CITY, FL	
Title:	D	( ) Delete
Name:	SPEARING, RONNIE	
Address:	7855 SPEARING LANE	
City-St-Zip:	BOKEELIA, FL 33922	
Title:	D	( ) Delete
Name:	SPEARING, BELINDA	
Address:	7855 SPEARING LANE	
City-St-Zip:	BOKEELIA, FL 33922	

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:	

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: JOHN D KIRBY DP 04/24/2007

Electronic Signature of Signing Officer or Director — Date