

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20421

FILED
Jun 26, 2007
Secretary of State

Entity Name: ARMOUR OF GOD MINISTRIES, INC.

Current Principal Place of Business:

8301 W COMMERCIAL BL.
FORT LAUDERDALE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 26881
TAMARAC, FL 33320 US

New Mailing Address:

FEI Number: 65-0221122 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:

LORING, REV. PHILIP KENNETH
9378 NW 49TH PLACE
SUNRISE, FL 33351 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: PD () Delete
Name: LORING, PHILIP KENNE, TH
Address: 9378 NW 49TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: SANFORD, SHERYL
Address: 120 ALEXANDRIA BL.
City-St-Zip: MCDONOUGH, GA 30253

Title: VSD () Delete
Name: LORING, LISA A
Address: 9378 NW 49TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: T () Delete
Name: SPERDUTO, GUY
Address: 8982 TAFT STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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 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: PHILIP KENNETH LORING

PD

06/26/2007

Electronic Signature of Signing Officer or Director

_____ Date