2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N27573

Entity Name: CHARLES CARRIN MINISTRIES, INC.

Current Principal Place of Business:

P.O. DRAWER 800
BOYNTON BEACH, FL 33425 US

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 800
BOYNTON BEACH, FL 33425 US

New Mailing Address:

FEI Number: 65-0066398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEBEDEKER, MICHAEL D.
711 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401 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: CARRIN, CHARLES C.,
Address: 1392 SW 17 AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD ( ) Delete
Name: CARRIN, LAURIE,
Address: 1392 SW 17 AVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD ( ) Delete
Name: MORRONGIELLO, ANTHON, Y
Address: 2601 BARKLEY DR. W.
City-St-Zip: WEST PALM BEACH, FL 33415

Title: SD ( ) Delete
Name: MCMICHAEL, KAREN
Address: 1250 S.W. 25 WAY
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MCGUIRE, CECILE,
Address: 7215 BENNETT ROAD
City-St-Zip: CUMMING, GA 30041

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: KAREN MCMICHAEL SD 04/28/2007

Electronic Signature of Signing Officer or Director — Date