

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# N34028

Entity Name: FRESH MINISTRIES, INC.

**Current Principal Place of Business:**

1131 N LAURA ST  
JACKSONVILLE, FL 32206 US

**New Principal Place of Business:**

**Current Mailing Address:**

1131 N LAURA ST  
JACKSONVILLE, FL 32206 US

**New Mailing Address:**

FEI Number: 59-2967898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEE, ROBERT V III  
1131 N LAURA ST  
JACKSONVILLE, FL 32206 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: D            ( ) Delete  
Name: LEE, ROBERT V. III,  
Address: 1311 WENTWORTH AVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D            ( ) Delete  
Name: GROB, BRUCE R.  
Address: 12871 MEAD LANDING CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D            ( ) Delete  
Name: MEAD, NADIA  
Address: 12865 MEAD LANDING CT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D            ( ) Delete  
Name: GUNN, MARSHALL  
Address: 4887 BELFORT ROAD, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256

**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: BRUCE R GROB

D

04/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date