## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N34028

Entity Name: FRESH MINISTRIES, INC.

FILED Mar 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business

1131 N LAURA ST

JACKSONVILLE, FL 32206 US

**Current Mailing Address: New Mailing Address:** 

1131 N LAURA ST

JACKSONVILLE, FL 32206 US

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

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

LEE, ROBERT V III GROB, BRUCE R DR 1131 N LAURA ST 1131 N LAURA ST

JACKSONVILLE, FL 32206 JACKSONVILLE, FL 32206 US US

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: DR. BRUCE R. GROB 03/25/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete LEE, ROBERT V. III. LEE III, ROBERT V DR Name: Name:

1311 WENTWORTH AVE Address: 1311 WENTWORTH AVE Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete Title: (X) Change ( ) Addition GROB, BRUCE R. Name: Name: GROB, BRUCE R DR

Address: 12871 MEAD LANDING CT Address: 12871 MEAD LANDING CT City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete Title: DS (X) Change ( ) Addition

MEAD, NADIA Name: MEAD, NADIA L Name: 12865 MEAD LANDING CT WESTMINSTER WOODS A-9, SR 13 Address:

Address:

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Delete Title: D (X) Change ( ) Addition

Name: GUNN, MARSHALL Name: GUNN, MARSHALL D 4887 BELFORT ROAD, SUITE 201 4887 BELFORT ROAD, SUITE 201 Address: Address:

JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip:

Title: () Delete Title: ( ) Change (X) Addition

LEE, KAREN K Name: Name:

1950 UNIVERSITY BLVD. N. Address: Address: JACKSONVILLE, FL 32211 City-St-Zip: 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: DR. BRUCE R. GROB DVC 03/25/2008