2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# N38654

Entity Name: FORT ALAFIA RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY, FL 33567

New Principal Place of Business:

410 SWILLEY RD
PLANT CITY, FL 33567

Current Mailing Address:

410 SWILLEY RD
HWY. 39 AND SWILLEY
PLANT CITY, FL 33567

New Mailing Address:

410 SWILLEY RD
PLANT CITY, FL 33567

FEI Number: 59-2436023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXON, RONALD C
3425 PORTER RD.
LITHIA, FL 33547 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:	DIXON, REV RONALD C.	
Address:	3425 PORTER RD.	
City-St-Zip:	LITHIA, FL	
Title:	DT	( ) Delete
Name:	EDGE, DUANE	
Address:	3119 KEYSVILLE RD.	
City-St-Zip:	LITHIA, FL 33547	
Title:	DS	( ) Delete
Name:	MARR, TOM	
Address:	2683 KEYSVILLE DRIVE	
City-St-Zip:	LITHIA, FL 33547	
Title:	DT	(X) Delete
Name:	DURHAM, JEFF	
Address:	4815 SOUTHWIND COURT	
City-St-Zip:	MULBERRY, FL 33860	

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: RONALD C. DIXON DP 01/24/2007

Electronic Signature of Signing Officer or Director — Date