

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90011 031 \*\*\*\*70.00

<b>DOCUMENT # N43327</b> 1. Entity Name <b>CLEOPATRA J. STEELE MINISTRIES, INC.</b>					
Principal Place of Business <b>127 ESCAMBIA ST LAKE CITY, FL 32055 US</b>			Mailing Address <b>P.O. BOX 2862 C/O J. STEELE LAKE CITY, FL 32055 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3101419</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>STEELE, CLEOPATRA J. 224 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEELE, CLEOPATRA J 224 SE CNTRY CLUB RD LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D HAYES, WAYNE 223 SE LILLIAN LOOP, #103 LAKE CITY, FL 32025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, MITCHELL D P.O. BOX 3261 LAKE CITY, FL 32056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, BETTY 223 SE LILLIAN LP, # 103 LAKE CITY, FL 32025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIELDS, FANNIE 323 SW ROYAL CT LAKE CITY, FL 32024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, CLEOPATRA J. 224 SE COUNTRY CLUB ROAD LAKE CITY, FL 32025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLSEY, MARJORIE 315 NE NINK PL LAKE CITY, FL 32055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Cleopatra J. Steele</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/17/2007</u> <span style="float: right;">352 213.2025</span> <small>Daytime Phone #</small>		

ATTACHMENT

40038870

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**CLEOPATRA J. STEELE MINISTRIES, INC.**

P/D STEELE, CLEOPATRA J  
224 SE COUNTRY CLUB RD  
LAKE CITY, FL 32025

V HAYES, WAYNE  
223 SE LILLIAN LP, #103  
LAKE CITY, FL 32025

T FIELDS, FANNIE  
323 SW ROYAL CT.  
LAKE CITY, FL 32025

S HAYES, BETTY  
223 SE LILLIAN LP, #103  
LAKE CITY, FL 32025

D STEELE, MITCHELL D  
P.O.BOX 3261  
LAKE CITY, FL 32025

D HOLSEY, MARJORIE  
315 NE NINK PL  
LAKE CITY, FL 32025