

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43922

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** SUMTER MINISTERIAL ASSOCIATION, INC.

**Current Principal Place of Business:**

300 MASON ST  
WILDWOOD, FL 34785 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 413  
WILDWOOD, FL 34785 US

**New Mailing Address:**

**FEI Number:** 59-3102499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLOMAN, HARRY H  
300 MASON ST  
WILDWOOD, FL 34785 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: DVS ( ) Delete  
Name: RICHWINE, DANIEL  
Address: 2099 E C R 470  
City-St-Zip: SUMTERVILLE, FL 33585

Title: DT ( ) Delete  
Name: STRICKLAND, DERREL  
Address: PO BOX 9 OXFORD RG  
City-St-Zip: OXFORD, FL 34484

Title: D ( ) Delete  
Name: PARKER, DANIEL  
Address: 1308 CLEVELAND AVENUE  
City-St-Zip: WILDWOOD, FL 34785

Title: DV ( ) Delete  
Name: MARTIN, ANNETE  
Address: PO BOX 1197  
City-St-Zip: WILDWOOD, FL 34785

Title: DP ( ) Delete  
Name: HOLLOMAN, HARRY H  
Address: 300 MAIN ST  
City-St-Zip: WILDWOOD, FL 34785

**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:

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: DANIEL RICHWINE

DVS

04/29/2007

Electronic Signature of Signing Officer or Director

Date