2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 30, 2008 8:00 am Secretary of State DOCUMENT # N43922 1. Entity Name 05-30-2008 90220 041 ****61.25 SUMTER MINISTERIAL ASSOCIATION, INC. Principal Place of Business Mailing Address 300 MASON ST WILDWOOD FL 34785 P O BOX 413 WILDWOOD FL 34785 2. Principal Place of Business - No P.O. Box # 3. Mailing Address E. CR 470 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3102499 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired umter Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ich wine HOLLOMAN, HARRY H 300 MASON ST WILDWOOD FL: 34785 Zip Code 33585 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 Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DVS TITLE TITLE Delate **K** Change ■ Addition Richwine, Daniel 2087 E CR 470 RICHWINE, DANIEL NAME NAME 2099 E C R 470 STREET ADDRESS STREET ADDRESS SUMTERVILLE FL 33585 mTervilleFL 33585 CITY-ST-ZIP CITY-ST-ZiP DT Delete TITLE ☐ Change **Addition** Charissa Jaeger - Sonders STRICKLAND, DERREL NAME NAME PO BOX 9 OXFORD RG 300 mason St. STREET ADDRESS STREET ADDRESS OXFORD FL 34484 CITY-ST-71P CITY-ST-ZIP Wildwood, FL 34785 Delete TITLE TITLE Change Addition frickland, Derrel PARKER, DANIEL NAME NAME POBOX 9 Oxford RG 1308 CLEVELAND AVENUE STREET ADDRESS STREET ADDRESS Oxford, FL 34484 CITY-ST-ZIP WILDWOOD FL 34785 CITY-\$T-ZIP DΥ Delete ☐ Change TITLE TITLE S Faith L. Kugler 2087 ECR 470 Addition MARTIN, ANNETE NAME STREET ADDRESS PO BOX 1197 STREET ADDRESS WILDWOOD FL 34785 Sumterville FL 33585 CITY-ST-7IP CITY-ST-ZiP TITLE Delete TITLE Change ■ Addition HOLLOMAN, HARRY H NAME NAME 300 MAIN ST STREET AUDRESS STREET ADDRESS WILDWOOD FL 34785 CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

SIGNATURE: