

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45457

FILED
Apr 16, 2007
Secretary of State

Entity Name: ST. HANS MINISTRY EXCHANGE, INC.

Current Principal Place of Business:

5152 RICHMOND TERRACE
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

5152 RICHMOND TERRACE
NORTH PORT, FL 34287 US

New Mailing Address:

FEI Number: 65-0311350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELL, WENDELL C., JR.
5152 RICHMOND TERRACE
NORTH PORT, FL 34287 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: D () Delete
Name: SHIELL, WENDELL C., JR.
Address: 5152 RICHMOND TERRACE
City-St-Zip: NORTH PORT, FL 34287

Title: DP () Delete
Name: SHIELL, DIANE M.,
Address: 5152 RICHMOND TERRACE
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: VILLARES, BETHANY
Address: 1503 SCARLETT AVE
City-St-Zip: NORTH PORT, FL 34289

Title: D () Delete
Name: HESS, MEGAN
Address: 2585 SUGARBUSH DR
City-St-Zip: NORTH PORT, FL 34289

Title: D (X) Delete
Name: ISAKSEN, HEIDI
Address: BERGERUDVEIEN 14
City-St-Zip: FJERDINGBY, NORWAY, N-200

Title: D (X) Delete
Name: ISAKSEN, SJUR
Address: BERGERUDVEIEN 14
City-St-Zip: FJERDINGBY, NORWAY, N-200

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VILLARES, BETHANY
Address: 4101 VIA PIEDRA CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: D (X) Change () Addition
Name: HESS, MEGAN
Address: 1503 SCARLETT AVE
City-St-Zip: NORTH PORT, FL 34289

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: DIANE M SHIELL

DP

04/16/2007

Electronic Signature of Signing Officer or Director

Date