## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Aug 02, 2007 8:00 am Secretary of State **DOCUMENT # N93000000878** 08-02-2007 90012 004 \*\*\*\*61.25 MUSTARD SEED MINISTRIES, INC. Principal Place of Business Mailing Address 2285 STATE ROAD #580 PO BOX 16401 CLEARWATER, FL 33766-6401 **APT 209** CLEARWATER, FL 33763-1129 2. Principal Place of Business - No P.O. Box # 3. Mailing Address DELETÉ SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 07062007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 22-2244102 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANCE, MADELINE M Street Address (P.O. Box Number is Not Acceptable) 2285 SR 580, #209 **CLEARWATER, FL 33763-1129** City Zip Code FL 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. П Florida Department of State Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Defete MICHAEL D. RAGAN SI-6708 640 LANE EASI VANCE, MADELINE M NAME NAME STREET ADDRESS 2285 STATE RD 580, #209 STREET ADDRESS CITY-ST-ZIP **CLEARWATER, FL 337631129** CITY-ST-ZIP PALMETTO, FL 34221 D DARLENE Delete ☐ Change TITLE TITLE DES RAGAN CLARK JOHN W NAME NAME 6708 64th LANE EAST STREET ADDRESS 1410 14TH CIRCLE SOUTHEAST STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 CITY-ST-ZIP PALMETTO, FL 34221 TIT! F ☐ Delete TITLE Change ☐ Addition TRACY, NATHAN NAME NAME STREET ADDRESS 172 BELMONT CHURCH RD STREET ADDRESS CITY-ST-ZIP **CLYDE, NC 28721** CITY-ST-7IP MLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

MADELINE M VANCE

FILED