2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N93000003739

Entity Name: EZRA MINISTRIES, INC.

Current Principal Place of Business:

5926 CR 136A
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 324
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 65-0448124 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YARICK, WILLIAM W
8440 127TH DRIVE
LIVE OAK, FL 32060 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:	PD	( ) Delete
Name:	YARICK, MARK E	
Address:	5926 CR 136A	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	VPD	( ) Delete
Name:	HOCHSTETTLER, WILLIAM	
Address:	800 NORTHPOINT PKWY #202	
City-St-Zip:	WEST PALM BEACH, FL 33407	
Title:	STD	( ) Delete
Name:	YARICK, WILLIAM W	
Address:	8440 127TH DRIVE	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	D	(X) Delete
Name:	JONES, RONNA	
Address:	SKEEN ROAD	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	D	( ) Delete
Name:	HABTEYESUS, ABRAHAM	
Address:	9814 NE 190TH. ST.	
City-St-Zip:	BOTHELL, WA 98011	
Title:	D	( ) Delete
Name:	FRAZIER, DAVID	
Address:	128 SILVER BELL CRESCENT	
City-St-Zip:	ROYAL PALM BEACH, FL 33411	

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:	
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: MARK E YARICK PD 04/28/2008

Electronic Signature of Signing Officer or Director — Date