

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004346

FILED
Apr 30, 2008
Secretary of State

Entity Name: CARLOS MALONE MINISTRIES, INC. (CMM)

Current Principal Place of Business:

11410 LINCLON BLVD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11410 LINCLON BLVD
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0517087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SJO ASSOCIATES
7 PALMS PLAZA
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SJO ASSOCIATES
15260 SW 280 ST SUITE 206B
HOMESTEAD, FL 33032 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MALONE, CARLOS SR
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MALONE, PAMELA
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: YOUNG, RAYMOND
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MALONE, CARLOS APOSTLE
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: MALONE, PAMELA ELDER
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change () Addition
Name: YOUNG, RAYMOND H
Address: 11410 LINCLON BLVD
City-St-Zip: MIAMI, FL 33176

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: CARLOS L MALONE, SR

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date