2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000005041

1. Entity Name

THE CURRY MINISTRIES INC.



FILED Apr 09, 2007 08:00 AM Secretary of State

Principal Place of Business

12059 TIFT CIRCLE ORLANDO, FL 32826

SIGNATURE:

Mailing Address

P.O. BOX 1151 SANFORD, FL 32772



04032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-3272232

Applied For Not Applicable

5. Certificate of Status Desired

4

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CURRY, BISHOP ROBERT E JR. 12059 TIFT CIRCLE ORLANDO, FL 32826

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ORLANDO, FL 32826		·.	IN THIS SPACE				
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, typeoptrigorities and title if applicable (NOTE Registered Agent signature dependence) (NOTE Registered Agent signature dependence) DATE							
,	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	000000696894 04/18/07-80019-0	01 70.00	
10. OFFICERS AND DIRECTORS				1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, ROBERT E JR 12059 TIFT CIRCLE ORLANDO, FL 32826						
TITLE NAME STREET ADDRESS CITY-SY-ZIP	VPD GRAY, KATHLEEN P 206 RHETT COURTE WARNER ROBINS, GA 31088		, " .	ing the second		en e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIELSON, DORTHY 1070 SPRINK BANK AVE ORANGE CITY, FL 32763			DO	NOT WRITE	g ^{pt} t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLAMY, MARY E 132 BOB THOMAS CIR SANFORD, FL 32771			IN '	THIS SPACE	171	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5	the Attended of the Control of the C	Same of the second seco	The Mission of the	
12. I hereby certify that the information supplied with this filling 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							