

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004327

FILED
Apr 30, 2008
Secretary of State

Entity Name: EDDIE AND BECKY CAIN MINISTRIES, INC.

Current Principal Place of Business:

609 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

609 OAKHURST STREET
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3427207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASS, TERRI LYNN
607 E. OAKHURST ST.
ALTAMONTE SPRINGS, FL 32701 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: CAIN, JOHN EDWARD
Address: 609 OAKHURST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VD () Delete
Name: CAIN, BECKY SUE
Address: 609 OAKHURST STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: TABER, GERALD
Address: 2420 24TH LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: ADAMS, JENNIFER S
Address: 305 S. EDMON AVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CAIN, ERIC E
Address: 1225 WOODFIELD OAKS DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: GREGORY, DAVIS C
Address: 135 WARBLAR LANE
City-St-Zip: CASSELBERRY, FL 32707

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
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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: JOHN E CAIN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date