

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005371

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: MY FATHERS COMMUNITY MINISTRIES, INC.

**Current Principal Place of Business:**

5374 CLIFF ST  
GRACEVILLE, FL 32440

**New Principal Place of Business:**

**Current Mailing Address:**

5374 CLIFF ST  
GRACEVILLE, FL 32440

**New Mailing Address:**

FEI Number: 59-3347559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COGGINS, DAVID  
1254 SANDERS ROAD  
GRACEVILLE, FL 32440 US

**Name and Address of New Registered Agent:**

O'QUINN, RAYMOND  
1203 HWY 2  
GRACEVILLE, FL 32440 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: RAYMOND O'QUINN

04/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: HELMS, STEPHANIE L  
Address: 5242 CLIFF ST  
City-St-Zip: GRACEVILLE, FL 32440

Title: DP ( ) Delete  
Name: COGGINS, DAVID  
Address: 1254 SANDERS ROAD  
City-St-Zip: GRACEVILLE, FL 32440

Title: D ( ) Delete  
Name: CUNNINGHAM, JAN  
Address: 1245 SANDERS AVE  
City-St-Zip: GRACEVILLE, FL 32440

Title: D ( ) Delete  
Name: WRIGHT, PAULA  
Address: 1146 10TH AVE  
City-St-Zip: GRACEVILLE, FL 32440

Title: DV ( ) Delete  
Name: BOUTON, RICHARD  
Address: 1047 8TH AVE  
City-St-Zip: GRACEVILLE, FL 32440

Title: D ( ) Delete  
Name: WATSON, TIM  
Address: 5369 MIXON ST.  
City-St-Zip: GRACEVILLE, FL 32440

**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: STEPHANIE HELMS

DST

04/21/2008

Electronic Signature of Signing Officer or Director

Date