2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005672

A. Namas, OLEAN OLATEMINIOTOIEG ING

FILED Mar 02, 2007 Secretary of State

Entity Na	me: CLEAN S	SLATE MIINISTRIES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	COUNTY ROAI Y, FL 32025	D 245A US			
Current Mailing Address:			New Mailing Address:		
1756 SE COUNTY ROAD 245A LAKE CITY, FL 32025 US					
FEI Number	: 59-3348826	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1756 SE C	J, DEBORAH S COUNTY ROAI Y, FL 32025				
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BEAULIEU, PE	ITY ROAD 245A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BEAULIEU, DE	ITY ROAD 245A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS (DAY, ELIZABE 308 SW BRAN LAKE CITY, FL	DY WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DAY, BRIAN 308 SW BRAN LAKE CITY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MANN, JIM 701 FOUNTAIN ANDERSON, S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (HOLLAND, KE') Delete /IN	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: DEBORAH BEAULIEU VP 03/02/2007

Address:

City-St-Zip:

250 OAK LEAF LANE

CARROLLTON, GA 30116