2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N96000001264

Entity Name: 2BLEEV MINISTRIES, INC.

Current Principal Place of Business:

9520 LUCIDA LANE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

9520 LUCIDA LANE
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 59-3368665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPEHART, LEE V
9520 LUCIDA LANE
PENSACOLA, FL 32514 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: CAPEHART, LEE V
Address: 9520 LUCIDA LANE
City-St-Zip: PENSACOLA, FL 32514

Title: VD ( ) Delete
Name: CAPEHART, YVONNE L
Address: 9520 LUCIDA LANE
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: WHITEN, TAMARA
Address: 3020 W BRAINARD ST
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: KENLAW, ELEANOR
Address: 905 ARTESIAN
City-St-Zip: PENSACOLA, FL 32505

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:

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: YVONNE CAPEHART VD 07/07/2008

Electronic Signature of Signing Officer or Director — Date