2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N96000004700

Entity Name: TAYLOR MINISTRIES, INC.

Current Principal Place of Business:

4359 DEVEREUX CIRCLE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4359 DEVEREUX CIRCLE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3397937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S ESQ.
3 WEST GARDEN STREET, SUITE 700
PENSACOLA, FL 32501 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: PTD ( ) Delete
Name: MOORE, RAYMOND A JR.
Address: 4359 DEVEREUX CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: V ( ) Delete
Name: HOFFMAN, CHERYL T
Address: 5054 STRATFORD ROAD
City-St-Zip: BIRMINGHAM, AL 35242

Title: S ( ) Delete
Name: MOORE, LINDA B
Address: 4359 DEVEREUX CIRCLE
City-St-Zip: PENSACOLA, FL 32504

Title: VPSD ( ) Delete
Name: HOFFMAN, LANE
Address: 5054 STRATFORD ROAD
City-St-Zip: BIRMINGHAM, AL 35242

Title: D ( ) Delete
Name: WOLFE, SAM
Address: 1119 RETLAW ST.
City-St-Zip: HUNTSVILLE, AL 35816

Title: D ( ) Delete
Name: BUSSEY, ALOHA
Address: 707 COUNTY ROAD
City-St-Zip: HANCEVILLE, AL 35077

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: RAYMOND A MOORE, JR PD 04/29/2007

Electronic Signature of Signing Officer or Director — Date