2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004728

Entity Name: KLUJICS MINISTRIES, INC.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 271 S 7 STREET MACCLENNY, FL 32063 **Current Mailing Address: New Mailing Address:** 271 S 7 STREET MACCLENNY, FL 32063 FEI Number: 31-1542637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RIOS, HERMAN 271 S 7 STREET MACCLENNY, FL 32063 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RIOS, HERMAN Name: Name: P O BOX 373 Address: Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GORE, POLLY Name: Address: P O BOX 373 N/A Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: () Delete Title: () Change () Addition STOWE, RUSTY Name: Name: 4436 N.W. 18TH TERR Address: Address: City-St-Zip: OLEC, OK 73127 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete GIRLACH, GIB Name: Name: 6768 LAS COLNAS ST Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition RIOS, GWEN Name: Name: P.O. BOX 373 N/A Address: Address: City-St-Zip: MACCLENNY, FL 32063 City-St-Zip: Title: () Delete Title: () Change () Addition DOPSON, BRIAN Name: Name: Address: P O BOX 1254 Address: MACCLENNY, FL 32063 City-St-Zip: City-St-Zip:

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.

SIGNATURE: HERMAN RIOS DR 01/16/2007