2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005738

Entity Name: A TOUCH OF GOD MINISTRIES, INC.

Apr 27, 2007 Secretary of State

rincipal Place of Business:

9949 51ST AVENUE N. 7873 CAUSEWAY BLVD NORTH ST PETERSBURG, FL 33707 ST PETERSBURG, FL 33708

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 530338 ST. PETERSBURG, FL 33747

FEI Number: 59-3432714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

JOHNSON, MARIE B 1204 E. HÉNRY AVENUE TAMPA, FL 33604

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LYUM, HARRY G Name: LYUM, HARRY G Name: 9949 51ST AVENUE N. Address: 7873 CAUSEWAY BLVD NORTH Address: City-St-Zip: ST PETERSBURG, FL 33708 City-St-Zip: ST PETERSBURG, FL 33707

Title: () Delete Title: () Change () Addition

LINDSEY, MARIA P Name: Name: Address: 6291 BAHIA DEL MAR CIR., #0-302 Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

HARPER, JOHN Name: Name: 6287 BAHIA DEL MAR CIR., #504 Address: Address: City-St-Zip: ST PETERSBURG, FL 33712 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

Name: JOHNSON, MARIE B Name: 1204 E. HENRY AVENUE Address: Address: City-St-Zip: TAMPA, FL 33604 City-St-Zip:

VD Title: VD () Delete Title: (X) Change () Addition

MITSCH, JOSEPH Name: Name: MITSCH, JOSEPH

13804 SIGLER STREET 6609 CARRINGTON SKY DRIVE Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: APOLLO BEACH, FL 33572

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: MARIE B JOHNSON SD 04/27/2007