2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # N97000001562 1. Entity Name 05-09-2008 90010 020 ****61.25 RON PINKNEY EVANGELISTIC MINISTRIES, INC. Principal Place of Business Mailing Address 37130 COUNTY RD 439 EUSTIS FL 32736 37130 COUNTY RD 439 EUSTIS FL 32736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Act # etc Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3442455 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKNEY, RONALD C 37130 COUNTY RD 439 Street Address (P.O. Box Number is Not Acceptable) EUSTIS FL 32736 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed name of registered argent and title if approachs. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PINKNEY, RONALD C NAME NAME 37130 COUNTY RD 439 STREET ADDRESS STREET ADDRESS EUSTIS FL 32736 CITY - ST - 7IP CITY-ST-ZIP TITLE TITLE ☐ Change Addition PINKNEY, GREGORY D NAME NAME 37130 COUNTY RD 439 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP EUSTIS FL 32736 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition PINKNEY, H. JENISE NAME NAME STREET ADDRESS 37130 COUNTY RD 439 STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 CITY-ST-ZIP THE ☐ Delete TITLE Change Addition BUTLER, JOHN NAME NAME PO BOX 3332 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KINSTON NC 28502 CITY-ST-7/P THEF ☐ Delete muc Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachines with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

57-357-8964