

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002430

FILED
Jan 04, 2007
Secretary of State

Entity Name: SWALLEY MINISTRIES, INC.

Current Principal Place of Business:

35331 HEARTLAND DR
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

6903 WEST HINSDALE PLACE
LITTLETON, CO 80128

New Mailing Address:

FEI Number: 20-2092981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWALLEY, STACEY
35331 HEARTLAND DR
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

SWALLEY, STACEY D REV.
35331 HEARTLAND DR
DADE CITY, FL 33523 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: STACEY SWALLEY

01/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAWARD, JOHN REV.
Address: 2415 SAGEGMENT DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: SWALLEY, RACHEL C MRS
Address: 6903 WEST HINSDALE PLACE
City-St-Zip: LITTLETON, CO 80128

Title: D () Delete
Name: MCCORD, MIKE
Address: 35331 HEARTLAND DR
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: SCOTT, BURNARD REV.
Address: 8176 MALLORY COURT
City-St-Zip: CHANHASSEN, MN 55317

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 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: RACHEL C. SWALLEY

D

01/04/2007

Electronic Signature of Signing Officer or Director

Date