2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003707

1. Entity Name
DMM MINISTRIES, INC.

Principal Place of Business	Mailing Address
17475 NW 100TH AVE REDDICK, FL 32686	P.O. BOX 716 FAIRFIELD, FL 32634

DO NOT WRITE IN THIS SPACE

08182008 No Chg-NP   CR2E037 (4/06)

4. FEI Number 59-3449278	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, ARTHUR J
17475 NW 100TH AVE
REDDICK, FL 32686

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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 printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHANDLER, ARTHUR J
STREET ADDRESS	17475 NW 100TH AVE
CITY-ST-ZIP	REDDICK, FL 32686

TITLE	D
NAME	LEWIS, DIONA Y
STREET ADDRESS	112 HUEY STREET
CITY-ST-ZIP	WILDWOOD, FL 34785

TITLE	D
NAME	CHANDLER, MAXINE T
STREET ADDRESS	17475 NW 100TH AVE
CITY-ST-ZIP	REDDICK, FL 32686

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered

SIGNATURE: _Dr. Arthur J. Chandler_   _8-18-08_   _352 361-9475_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #