

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002224

FILED
May 08, 2008
Secretary of State

Entity Name: RODNEY AND MANDY KEITH MINISTRIES, INC.

Current Principal Place of Business:

6038 SUDBURY AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

10542 PEBBLE BEACH CT.
JACKSONVILLE, FL 32222

Current Mailing Address:

6038 SUDBURY AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

10542 PEBBLE BEACH CT
JACKSONVILLE, FL 32222

FEI Number: 59-3504288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BASFORD, RICHARD A
5616 FT. SUMTER RD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

BASFORD, RICHARD A
5759 PIPER GLEN BLVD
JACKSONVILLE, FL 32222 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: _____

05/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KEITH, RODNEY
Address: 6038 SUDBURY AVE
City-St-Zip: JACKSONVILLE,, FL 32210

Title: DVS () Delete
Name: KEITH, MANDY
Address: 6038 SUDBURY AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: REAVIS, HERB DR.
Address: 2057 RAILLEY CEDAR DR.
City-St-Zip: JACKSONVILLE,, FL 32216

Title: D () Delete
Name: ST. CLAIR, WALTER DR.
Address: 2780 FRONTIER AVE.
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: MORGAN, DARRELL
Address: 9235 E. JAYBIRD CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KEITH, RODNEY
Address: 10542 PEBBLE BEACH COURT
City-St-Zip: JACKSONVILLE,, FL 32222

Title: DVS (X) Change () Addition
Name: KEITH, MANDY
Address: 10542 PEBBLE BEACH COURT
City-St-Zip: JACKSONVILLE, FL 32222

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: D () Change (X) Addition
Name: CRISP, TOM
Address: 6836 MONTROSE STREET
City-St-Zip: JACKSONVILLE, FL 32210

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: DR. RODNEY KEITH

PRES

05/08/2008

Electronic Signature of Signing Officer or Director

Date