

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004698

FILED
Apr 15, 2008
Secretary of State

Entity Name: MARK SHUBERT MINISTRIES, INC.

Current Principal Place of Business:

1909 UNIVERSITY BLVD. S #705
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1909 UNIVERSITY BLVD. S #705
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3534642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUBERT, MARK W
1909 UNIVERSITY BLVD. S #705
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHUBERT, MARK W
Address: 1909 UNIVERSITY BLVD. S #705
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: DUKE, DAN
Address: P.O. BOX 330198
City-St-Zip: ATLANTIC BEACH, FL 32266

Title: D () Delete
Name: SHUBERT, JUDITH A
Address: 1909 UNIVERSITY BLVD. S #705
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: GREENE, SAMUEL N
Address: 13793 SHADY WOODS ST N
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: SANTANA, MARCO A
Address: 3423 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUDITH A SHUBERT

MS

04/15/2008

Electronic Signature of Signing Officer or Director

Date