

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006898

FILED  
Aug 08, 2007  
Secretary of State

**Entity Name:** ERNEST & BARBARA GONDER MINISTRIES, INC.

**Current Principal Place of Business:**

641 SW 14 STREET  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50283  
LIGHTHOUSE PT, FL 33074

**New Mailing Address:**

**FEI Number:** 65-0878360      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

GONDER, ERNEST  
5025 WILES ROAD  
106  
COCONUT CREEK, FL 33073 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONDER, ERNEST  
Address: 641 SW 14 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD ( ) Delete  
Name: GONDER, BARBARA  
Address: 641 SW 14 STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: TD ( ) Delete  
Name: GONDER, ERNEST JR  
Address: 405 NW 16TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

**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:

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: ERNEST GONDER

PD

08/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date