

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007240

FILED
Feb 19, 2007
Secretary of State

Entity Name: SPIRITUAL MEAT MINISTRIES, INC.

Current Principal Place of Business:

24113 PEEKSKILL ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701566
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 59-3085768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY, TROY L
6069 LAMONTE ST.
ST. CLOUD, FL 34771 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: PD () Delete
Name: LINDSAY, SANDRA L
Address: 24113 PEEKSKILL ST.
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: STIENKE, COLEEN
Address: 409 LANGHOLM
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: LINDSAY, MICHAEL E
Address: 24113 PEEKSKILL ST.
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: LINDSAY, TROY L
Address: 6069 LAMONTE ST.
City-St-Zip: ST. CLOUD, FL 34771

Title: D () Delete
Name: BROCK, TIM & MELODY
Address: 11416 MONROE AVE.
City-St-Zip: KANSAS CITY,, MO 64132

Title: SD () Delete
Name: CROSBY, BOBBIE J
Address: P.O. BOX 789
City-St-Zip: ZEPHYRHILLS, FL 33541

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: D (X) Change () Addition
Name: BROCK, TIM & MELODY
Address: 3901 BIRCHWOOD AVE.
City-St-Zip: KANSAS CITY,, MO 64137

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: TROY LINDSAY

TD

02/19/2007

Electronic Signature of Signing Officer or Director

Date