

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 08, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N99000000216**

**1. Entity Name  
DAN MCCRAW MINISTRIES INTERNATIONAL, INC.**



**Principal Place of Business  
1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725**

**Mailing Address  
1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725**

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

**4. FEI Number  
59-3528557**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MCCRAW, DAN  
1660 HORSE SHOE RD.  
ENTERPRISE, FL 32725**

**DO NOT WRITE  
IN THIS SPACE**

**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)

000000578877  
01/09/07-80047-005 61.25

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>BOBERG, ALFRED B</b>
<b>STREET ADDRESS</b>	<b>P. O. BOX 479 N/A</b>
<b>CITY-ST-ZIP</b>	<b>MADERA, CA 93637</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>YAKLIGIAN, JOHN</b>
<b>STREET ADDRESS</b>	<b>21636 AVE. 18 1/2</b>
<b>CITY-ST-ZIP</b>	<b>MADERA, CA 93637</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>PEFFLY, TIM</b>
<b>STREET ADDRESS</b>	<b>713 CHATEAU PLACE</b>
<b>CITY-ST-ZIP</b>	<b>MADERA, CA 93637</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>AHL, TOM</b>
<b>STREET ADDRESS</b>	<b>4730 ABNAKI TRAIL</b>
<b>CITY-ST-ZIP</b>	<b>LIMA, OH 45805</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DOYLE, STEVE</b>
<b>STREET ADDRESS</b>	<b>1240 N. KEMP RD.</b>
<b>CITY-ST-ZIP</b>	<b>LIMA, OH 45807</b>
<b>TITLE</b>	<b>D</b>
<b>NAME</b>	<b>DEFFENBACHER, MARK</b>
<b>STREET ADDRESS</b>	<b>1717 S. CHESTNUT AVE.</b>
<b>CITY-ST-ZIP</b>	<b>FRESNO, CA 93702</b>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dan McCraw* - Dan McCraw - Director

Date

1/04/07

Daytime Phone #

407-322-9444