

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002126

Entity Name: FROM MINISTRIES, INC.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

8750 PERIMETER PARK BLVD
JACKSONVILLE, FL 322166347

New Principal Place of Business:

Current Mailing Address:

8750 PERIMETER PARK BLVD
JACKSONVILLE, FL 322166347

New Mailing Address:

FEI Number: 59-3565178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONIC, NICHOLAS T
8750 PERIMETER PARK BLVD
JACKSONVILLE, FL 322166347 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: STRICKLAND, EUGENE
Address: P.O. BOX 210644
City-St-Zip: ANCHORAGE, AK 995210644

Title: ST () Delete
Name: STICKLAND, NANCY
Address: P.O. BOX 210644
City-St-Zip: ANCHORAGE, AK 995210644

Title: D () Delete
Name: WHEELER, DAVID
Address: 4400 FOXHAVEN DR W
City-St-Zip: JACKSONVILLE, FL 32224

Title: D () Delete
Name: DYKES, AUBREY
Address: 1109 LANDS END LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: REV () Delete
Name: DENNIS, CHARLES C
Address: 3955 EAGLE PLACE LOOP
City-St-Zip: EAGLE RIVER, AK 995778846

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: STRICKLAND, NANCY
Address: P.O. BOX 210644
City-St-Zip: ANCHORAGE, AK 995210644

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

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

Title: REV (X) Change () Addition
Name: DENNIS, CHARLES C
Address: 3955 EAGLE PLACE LOOP
City-St-Zip: EAGLE RIVER, AK 995778846

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: EUGENE STRICKLAND

PD

04/02/2007

Electronic Signature of Signing Officer or Director

Date