

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003936

1. Entity Name

BLOODLINE PRODUCTIONS MINISTRIES, INC.



Principal Place of Business

1850 OLE HERITAGE DR.
#15106
ORLANDO FL 32839

Mailing Address

1850 OLE HERITAGE DR.
#15106
ORLANDO FL 32839



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3582721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB-TAYLOR, WALTHA MAE
1850 OLE HERITAGE DR.
#15106
ORLANDO FL 32839

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Waltha Cobb-Taylor

4-16-08

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME COBB-TAYLOR, WALTHA MAE
STREET ADDRESS 1850 OLE HERITAGE DR. #15106
CITY-ST-ZIP ORLANDO FL 32839

TITLE VD ☐ Delete
NAME TAYLOR, GEORGE A
STREET ADDRESS 1850 OLE HERITAGE DR. #15106
CITY-ST-ZIP ORLANDO FL 32812

TITLE SD ☐ Delete
NAME PHELPS, DEMETRICH
STREET ADDRESS 1981 W. 6TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000913817
05/08/08-80031-004 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Waltha Cobb-Taylor* *Waltha Cobb-Taylor* 4/16/08 407-8579007