

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000005287

1. Entity Name
COLEMAN MINISTRIES, INC.



Principal Place of Business

4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034

Mailing Address

4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034

FILED
May 04, 2007 08:00 A
Secretary of State



04242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COLEMAN, THOMAS
4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034

**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)

DATE

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

TITLE PD
NAME COLEMAN, THOMAS
STREET ADDRESS 4259 CALHOUN WAY
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE SD
NAME HARDY, CYNTHIA
STREET ADDRESS 712 DIVISION ST.
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE TD
NAME COLEMAN, LARRY
STREET ADDRESS 3630 BAKERS DRIVE
CITY-ST-ZIP YULEE, FL 32097

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000761703
05/25/07-80067-001 61.25

**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: Thomas Coleman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-07
Date

904-261-3592
Daytime Phone #