

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005287

FILED
Apr 30, 2008
Secretary of State

Entity Name: COLEMAN MINISTRIES, INC.

Current Principal Place of Business:

4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

96483 CALHOUN ROAD
FERNANDINA BEACH, FL 32034

Current Mailing Address:

4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034

New Mailing Address:

96483 CALHOUN ROAD
FERNANDINA BEACH, FL 32034

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, THOMAS
4259 CALHOUN WAY
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

COLEMAN, THOMAS
96483 CALHOUN ROAD
FERNANDINA BEACH, FL 32034 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLEMAN, THOMAS
Address: 4259 CALHOUN WAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SD () Delete
Name: HARDY, CYNTHIA
Address: 712 DIVISION ST.
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD () Delete
Name: COLEMAN, LARRY
Address: 3630 BAKERS DRIVE
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLEMAN, THOMAS
Address: 96483 CALHOUN ROAD
City-St-Zip: FERNANDINA BEACH, FL 32034

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

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS COLEMAN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date