

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

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N99000005697

1. Entity Name

WILL DO MINISTRIES, INC.



Principal Place of Business

**514 FINEY ST
LAKELAND FL 33803
US**

Mailing Address

**P.O. BOX 185
LITHIA FL 33547
US**



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3605103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COUCH, RACHEL
17908 BLEDSOE LP
LITHIA FL 33547**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **DC**
STREET ADDRESS **SALYER, MARC**
CITY-ST-ZIP **514 FINEY STREET
LAKELAND FL 33803**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **COUCH, RACHEL**
CITY-ST-ZIP **17908 BLEDSOE LP
LITHIA FL 33547**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **U000000904314**
CITY-ST-ZIP **05/01/08-80007-024 61.25**

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

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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:

[Signature] **TREASURER**

4-15-08 863-661-0625