

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006546

FILED  
May 01, 2008  
Secretary of State

Entity Name: SEQUEL MINISTRIES, INC.

## Current Principal Place of Business:

14263 PARADISE TREE DR  
ORLANDO, FL 32828

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 781106  
ORLANDO, FL 32878

## New Mailing Address:

FEI Number: 59-3605741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

FISHTER, DONNA  
14263 PARADISE TREE DR  
ORLANDO, FL 32828      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: PILKINGTON, SCOTT  
Address: 2820 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826

Title: D      ( ) Delete  
Name: FISHTER, DONNA  
Address: P.O. BOX 781106  
City-St-Zip: ORLANDO, FL 32878

Title: D      ( ) Delete  
Name: COPELAND, KAREN  
Address: 2417 SOUTHERN HILLS CT  
City-St-Zip: OVIEDO, FL 32765

Title: D      ( ) Delete  
Name: DAVIS, MARCIA  
Address: 4122 SUNNYBROOK CT.  
City-St-Zip: ORLANDO, FL 32820

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DONNA FISHTER

PRES

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date