2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jun 12, $\overline{2007}$ 8:00 am **Secretary of State** DOCUMENT #P11374 05-03-2007 90065 026 ****61.25 KIRK & PATTI MINISTRIES, INC. Mailing Address Principal Place of Business 405 PLUMOSA DR. (SANFORD, FL.) 405 PLUMOSA DR. (SANFORD, FL.) 66018776 P.O. BOX 520106 P.O. BOX 520106 LONGWOOD, FL 32752-0106 LONGWOOD, FL 32752-0106 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05312007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 42-1182254 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYTLE, KIRK Street Address (P.O. Box Number is Not Acceptable) 405 PLUMOSA DR. SANFORD, FL 32771 City Zip Code F۱ 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) Make check payable to Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by September 14, 2007 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD TITLE ☐ Delete TITLE NAME LYTLE, KIRK NAME STREET ADDRESS 405 PLUMOSA DR. STREET ADDRESS CITY-ST-ZIP SANFORD, FL CITY-SI-7P TVD TITLE Delete TITLE ☐ Change ■ Addition LYTLE, PATTI NAME NAME 405 PLUMOSA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition KOSKEY, VALERIE NAME NAME 405 PLUMOSA DR 40405 PLUMOSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P LONGWOOD, FL 32752 CITY-ST-ZIP SANFORD FL 32771 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ΠLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

June 8, 2007

FILED

2007 NOT-FOR-PROFIT CORPORATION

	ANNUAL	. REPORT	•	5/3/2007-90065-026-\$61.25-\$61.25
1. Entity Non	MENT # P11374 ATTI MINISTRIES, INC.			ATTACHMENT
405 PLUMOSA DR. (SANFORD, FL.) 40 P.O. BOX 520106 P.O.		Mailing Address 405 PLUMOSA DR. (SANI P.O. BOX 520106 LONGWOOD, FL 32752		$f/\alpha 10/22/\alpha$
Principal Place of Business - No P.O. Box # 3. M.		3. Mailing Address		- 66018776
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282007 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 42-1182254 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Security 5. Security
	6. Name and Address of Current	Registered Agent	· Name	7. Name and Address of New Registered Agent
LYTLE, KIRK				ress (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 Rorida. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE A KULU STU, KIRK LYTHE PRESIDENT 430/07				
Signature, typed or printed (white of registered agent and title if applicable. (NOTE: Registered Agent signature required when renestrang) OATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cern Trust Fund Co		\$5.00 May Be Added to Fees Florida Department of State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP	PTD LYTLE, KIRK 405 PLUMOSA DR. SANFORD, FL	☐ Delete	TITLE NAME STREET ADDRESS CTTY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD LYTLE, PATTI 405 PLUMOSA DR. SANFORD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-5T-207	T KOSKEY, VALERIE 40405 PLUMOSA DRIVE LONGWOOD, FL 32752	☐ Ociete	TITLE NAME STREET ADDRESS CITY-ST-ZIF	© Change □ Addition 405 Prumosa De
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Debale	TITILE NAME STREET ADDRESS CITY-ST-ZIP	SANFORD FL 32771 Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Citange ☐ Addition

KIRK LYTTE JUNE 8, 2007 407 321-6290

I hereby certify that the information supplied with this filling 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 frue and accurate and that my signature shall have the same legal effect as if made under earl; that I am an oblicer or director of the corporation or the receiver or inustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

ATTACHMENT # 1//374 Kirk & Patti

SORRY ABOUT THE MIX-4D

THANK YOU FOR THE 3D DAYS OF GRACE

THE PRINTER DIDING PRINT THE

BOTTOM OF THE FORM

HORE THIS COVERS EVERYTHING

Rex uns