

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90013 019 ****61.25



DOCUMENT # N06000001710

1. Entity Name
 ENGAGING FAITH MINISTRIES, INC.

Principal Place of Business
 1144 SE 16TH ST
 OCALA, FL 34471

Mailing Address
 1144 SE 16TH ST
 OCALA, FL 34471

2. Principal Place of Business - No P.O. Box #
 7985 Scarborough Drive
 Suite, Apt. #, etc.
 Colorado Springs, CO
 City & State

3. Mailing Address
 7985 Scarborough Drive
 Suite, Apt. #, etc.
 Colorado Springs, CO
 City & State

03262007 Chg-NP CR2E037 (12/06)



4. FEI Number
 83 0449569
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
 80920

Country
 USA

Zip
 80920

Country
 USA

6. Name and Address of Current Registered Agent

ROGERS, JONATHAN
 1144 SE 16TH ST
 OCALA, FL 34471

7. Name and Address of New Registered Agent

Name
 Andy Campbell
 Street Address (P.O. Box Number is Not Acceptable)
 2444 SE 18th Circle
 City
 Ocala FL Zip Code
 34471

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 Jonathan Rogers - President

4-4-07

Filing Fee is \$61.25
 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROGERS, JONATHAN E 1144 SE 16TH ST OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNIGHT, CECIL 250 CENTENARY AVE CLEVELAND, TN 37311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROGERS, MONICA 1144 SE 16TH ST OCALA, FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7985 Scarborough Drive Colorado Springs, CO 80920	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7985 Scarborough Drive Colorado Springs, CO 80920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jonathan E. Rogers

4-4-07

719-482-4329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jonathan E. Rogers - President