

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N03000003203

Entity Name: WILL YOU WORSHIP MINISTRIES, INC

**Current Principal Place of Business:**

3694 WATERSIDE DRIVE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

3694 WATERSIDE DRIVE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 41-1949186      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEGEL, DUWAYNE D  
3694 WATERSIDE DRIVE  
ORANGE PARK, FL 32065      US

**Name and Address of New Registered Agent:**

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: P      ( ) Delete  
Name: HEGEL, DUWAYNE D  
Address: 3694 WATERSIDE DR  
City-St-Zip: ORANGE PARK, FL 32065

Title: VP      ( ) Delete  
Name: HEGEL, PAMELA S  
Address: 3694 WATERSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PAMELA S HEGEL

VP

04/30/2009

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

\_\_\_\_\_  
Date