

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006630

FILED
Apr 30, 2009
Secretary of State

Entity Name: VOLUME OF THE BOOK MINISTRY INC.

Current Principal Place of Business:

187 LAKE THOMAS DR.
WINTER HAVEN, FL 33880

New Principal Place of Business:

3590 RECKER HIGHWAY
SUITE 1
WINTER HAVEN, FL 33880

Current Mailing Address:

187 LAKE THOMAS DR.
WINTER HAVEN, FL 33880

New Mailing Address:

P O BOX 2221
EAGLE LAKE, FL 33839

FEI Number: 86-1116277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAY, VEORIA SR.
187 LAKE THOMAS DR.
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

CLAY, VEORIA SR.
44 BRANDY CHASE BLVD
WINTER HAVEN, FL 33880 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:

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: CLAY, VEORIA SR.
Address: 187 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete
Name: CLAY, JUDY
Address: 187 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD () Delete
Name: EXILORME, YOLANDA
Address: 187 LAKE THOMAS DR.
City-St-Zip: WINTER HAVEN, FL 33880

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change () Addition
Name: CLAY, VEORIA SR.
Address: 44 BRANDY CHASE BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD (X) Change () Addition
Name: CLAY, JUDY
Address: 44 BRANDY CHASE BLVD
City-St-Zip: WINTER HAVEN, FL 33880

Title: STD (X) Change () Addition
Name: MITCHELL, YOLANDA D
Address: 137 WILLIAMSBURG COURT
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Change (X) Addition
Name: MITCHELL, VONCHAE L
Address: 137 WILLIAMSBURG COURT
City-St-Zip: WINTER HAVEN, FL 33880

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: CEOD/VEORIA CLAY

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date