

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2009
Secretary of State**

DOCUMENT# N05000010191

Entity Name: RAMIAH MISSIONS, INC.

Current Principal Place of Business:

13 WOODFORD LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

13 WOODFORD LANE
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 06-1758106 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:

MASBAD, RAYMOND F
13 WOODFORD LN.
PALM COAST, FL 32164 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: PT () Delete
Name: MASBAD, RAYMOND R
Address: 13 WOODFORD LN.
City-St-Zip: PALM COAST, FL 32164

Title: S () Delete
Name: MASBAD, AINA M
Address: 13 WOODFORD LANE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MASBAD, GINA M
Address: 13 WOODFORD LANE
City-St-Zip: PALM COAST, FL 32164

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: RAYMOND MASBAD

PT

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date