

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2012
Secretary of State

Entity Name: KRISTI OVERTON JOHNSON MINISTRIES, INC.

Current Principal Place of Business:

205 SW MAGNOLIA AVENUE
KEYSTONE HEIGHTS, FL 32656

New Principal Place of Business:

205 SW MAGNOLIA AVENUE
KEYSTONE HEIGHTS, FL 32656 UN

Current Mailing Address:

P.O. BOX 968
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

FEI Number: 26-4307444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KRISTI O
213 SE 28TH WAY
MELROSE, FL 32666 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: PD
Name: JOHNSON, KRISTI O C
Address: 213 SE 28TH WAY
City-St-Zip: MELROSE, FL 32666

Title: SD
Name: HARP, RENEE VC
Address: 6313 PAYNE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MEM
Name: LISA, LEGUENEC/JOHNS
Address: 298 SE 5TH AVE.
City-St-Zip: MELROSE, FL 32666

Title: MEM
Name: HAGEMENN, BONNIE
Address: 16316 NATION ROAD
City-St-Zip: KEARNEY, MO 64060

Title: MEM
Name: BURNEY, BUCK
Address: 7020 CRYSTAL LAKE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: MEM
Name: KYLE, TATE
Address: 13542 SUNSET LAKES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: J.RENEE' HARP

SD

02/08/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date